TO HOSPITAL OR ATTANDING PHYSICIAN: The law requires that the death certify be executed within 24 hours after death. Page 4 may be relatined by the hospital or attending physician. S TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral of director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

HAND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH DIVISION OF STATISTICAL RES 02172

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decressed lived, If institution: Residence before edmission)
COUNTY POLACE FOR THE PROPERTY OF THE PROPERTY	e. STATE MACHINA 6. COUNTY DO OCO CO
b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16	c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL end give neerest town)	
west Hyatsville Mid. 15 mds	West Hyattsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
1512 Chillum Road Total	1512 Chillum Road. YES NO W
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print)	1 OF DEATH 7 /2 10 //
VONS DEANE	73 19 0/
5. SEX 6. COLOR OR RACE 7. MARRIED MEVER MARRIED E	DATE OF BIRTH 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Months Days Hours Min.
WIDOWED DIVORCED	4-17-1902 5840
	RY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
10. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
TI. 1 DA	
Eagar A. I. Hines	Susan Elizabeth Eader
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANTLIllian Mae Address
	ms/Comes Scene addres (wife)
18. CAUSE OF DEATH [Enter only one ceuse ger line for (e), (b), end (c),)	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY. A. The	dial la farction 5 minutes
IMMEDIATE CAUSE (0) ATCHE MY I CAY	dual interction 5 minutes
DUE TO	11
Conditions, if any, which (b) Concruy Ol	chosson
geve rise to immediate cause (e), stating the underlying DUE TO	1, 1
couse lost, and discourse of Artamorelant	Si Heart Droser , years
Z PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY
OH OH	PERFORMED?
\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF IF ITHER, NOTIFY MEDICAL EXAMINER!). (Enter neture of injury in Pert I or Pert II of Item 18.)
	CE OF INJURY (Home, farm, 20f. (City or town) (County) (Stele)
Hour a.m. While Not While tac	lory, street, office bldg., etc.)
	# /
21. I certify that (I) (this hospital) attended the deceased from.	July 11 1958, to 71 1.3, 1961., that (1) (we) last
saw the deceased alive on	death occured at 11.3M, from the causes and on the date stated above.
227. SIGNATURE	22b. DATE
Hope of Age	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS.
22c. PHYSICIAN'S	22d. ADDRESS
DNAME (Type) C DVFT M	1835 FL. ST NW Wash & NO
Tropped to bree, "D	1000 Lge or, 12 Took of DE.
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify)	
Burial 2/17/61 Cedar Hill	Cemetery Prince George's County, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash	. DC 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
144 Harres (2. 2901 14 wh	1/11 DATEFEB 1 5 '61 Outhur S. Kraus

15. The state of the s THE WAY TO SHARE THE WAY The state of the s - A And the first the best to the first the second The same of the sa . . Aller . PB. 37. Talls dasher asker asker.

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MARYLAND	STATE	DEPARTMENT	OF HEALTH
ON OF STATISTICAL	RESEARCH	AND RECORDS	BALTIMORE 1 MAR

2195 CERTIFICATE OF DEATH	02170
1. PLACE OF DEATH o. COUNTERINGE GEORGES MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution of the countering of the cou	intition: Residence before odmission) NTPRINCE CEORGES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown) CAMP SPRINGS c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest lown)	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION USAF HOSP ANDREWS d. STREET ADDRESS 7603 MORRIS AVENUE	e. IS RESIDENCE ON A FARMOR YES NO
DECEACED	Month Day Year 10 19 61
5. SEX MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WHITE WIDOWED DIVORCED 11 JUN 1908 9. AGE (In yet lost by hidden 1908)	ars IF UNDER 1 YEAR IF UNDER 24 HRS. (Y) Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TRAINING OFFICER GOVERNMENT C. S. MASSACHUSETTS	U. S. A.
13. FATHER'S NAME RUTH SWENON	
Yes, no, or unknown) (If wes, give war or distes of service)	Address AFB
18. CAUSE OF DEATH [Enter unly one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A CUTE MYOCARDIAL INFARCTION	onset and death min
Conditions, if ony, which gave rise to immediate cause (o), stoting the under- lying couse lost.	
(4)	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES S NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION 200. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 201. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. P. m. 19 While at wark a	(Caunty) (State)
21. I certify that (1) (this haspital) attended the deceased from. 10 BEB 19 61, to 10 FEB saw the deceased alive an. 10 FEB 19 61, and that death accurred ch: 15mPMam the causes	
220. STANAJURE 220. STANAJURE ATTENDING MED. PHYS. STAFF PHYS. 22d. ADDRESS	11 FEB 61 22b.DATE SIGNED
ANDREW W. BUTCHKO CAPT USAF MC USAF HOSP AAFB CAMP SI	
TOMOV ST. 7 TT OT ST. ST. ST. ST. ST. ST. ST. ST. ST. ST	Hampshire
0002 21 H M L	Chilun S. Kraus

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TO HOSPITAL OR ATTE

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH 2190 CERTIFICATE OF DEATH

02174

	1. P	LACE OF DEATH					2. USUAL RESIDENCE (W)	nere deceased live		: Residence befo	ore odmission)
1		PriNCE	George	5,	MARYLA	ND	Md.		b. COUNTY	ce Geor	50'5
1	Ь	CITY OR TOWN (I	f outside corporat limi	its, write c	LENGTH OF STAY IN	1b	c. CITY OR TOWN (If o	autside corporate l	imits, write RUI	RAL and give ne	ofest lown)
		Cheven	1 1			X	W. HYATTS U	iLLe			
-	C		AL (If not in hospital, g	give street ode	dress}		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
1		Prince	George's	5 60	Noral.		3516	DOAN	Drive	2	YES NO X
	3. N	NAME OF	Ø Fil	rst	Middle		Lest	4. DATE	Month	Do	by Yeor
-		DECEASED Type or print)	Jose	ph		BA	rANSK!	OF DEATH	2	25	1961
1	5. 5	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	⊠ B.	DATE OF BIRTH	9. A			FUNDER 24 HRS
-	1	MALE	White	WIDOWED	DIVORCED [2-25-	61	st birthday) yrs.	Months Days	Hours Min.
-	10a.	USUAL OCCUPATION	ON (Give kind of work ting life, even if retired	dane 10b. KII	ND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLACE (State	or fareign country	1)	12. CITIZEN O	F WHAT COUNTRY
		Mn		1	new		Muscl Oll	0 CB - 1/L	1L	u.	19
	13. [FATHER'S NAME	11 D				14. MOTHER'S MAIDEN N	NAME			,
	1	Awrenc	e H. D.	9 CAN-	SKi		Irene	BLAR	che	4210	SK.
			R IN U. S. ARMED FOR		CIAL SECURITY NO.	17, INFO	RMANT		Addres	iš	-
		18. CAUSE OF DEA	TH [Enter only one co	ouse per line	far (a), (b), and (c),	0	,	- 1 - 1	A		ERVAL BETWEEN
	П	PART J. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Bil	Pateral (Ju	hat reason	97 GE 12	Jeni-	.	SEL VIAD DEVIE
		761	Z DUE TO		4 1	0	1			-	
		Conditions, if o	ny, which) (b	120	maluri	la					
	П	gave rise to i cause (a), stating	mmediate (~ 0	1					
		lying couse lost.) (c	Stru	waller Pr	upl	ure Malery.	Membrace	1321 W	ella	
	Z	PART II. OTH	ER SIGNIFICANT CON	IDITIONS COL	NTRIBUTING TO DEATH	H BUT N	OT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	N IN PART 1(g)	19, WAS AUTOPSY PERFORMED?
	S										YES NO
	CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESCRI	IBE HOW INJURY OCC	URRED.	(Enter nature of injury in	Part I or Part II o	f item 18.)		
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)								
	MEDICAL		Y Manth, Doy, Ye				E OF INJURY (Home, form ry, street, office bldg., etc.		own)	[County]) (Stote
	MED	Haur a.m. p. m.	19	While at work	Not while at wark	19010	ry, mous, office blogs, ore	1			
		21. I certify the	it (I) (this hasoita	1) attended	d the deceased fr	am 4	Feb 25 19	61 ta	Fab 25	1961.11	hat (I) (we) las
			ed alive an F		1.		oth accurred at 20				
		220. SIGNATURE	1	1		iui de		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	caoses and	on me dan	226, DATE
4		4	Zalle	AR	IEL	M.	D. PHYS. M	ED. S	TAFF HYS.		SIGNED
		22c. PHYSICIAN'S NAME (Type)			1	1	22d. ADDRESS	11: 0	18	1	1 50. 6
		Taking (Type)	Dr. Fran	015	WARRE	N	6805 12al	Unorell	u Cor	ly la	K. THE
	23a.	BURIAL, CREMATIC	N, 236. DATE THEREC	OF ,	23/ NAME OF CEMETE	ERY OR	CREMATORY	23d. LOCATION	(City, town, or	county) ~	(Strate)
		REMOVAL (Specify)	DU 27.	1961	Stell 1	Hee	yun	Mund	gomus	(01.	TRA.
	247	FUNERAL DIRECTOR	SEIGNATURE	11	ADDRESS /	1		D BY REGISTRAR	256. REGIST	RAR'S SIGNATU	JRE
	X	ferthings.	Allowa 2	54 00	avre al	M	DATE FE	B 2 8 '61	au	us S. Krau	LA.
	1	1.5-2	1 = WA	1			7.				
- 1	1		1 1 1 1 0								

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MARYLAND STATE DEPARTMENT OF HEALTH FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hou. Her death, if any delay is necessary, please execute the certificate, writing the word "pending" in pencil in item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-trensit permit. File pages 1 and 2 with the State Board of Health, or its designated egent, price to burial, cremation, or removal, and in any event within 72 hours after death. I VS. A15ME 5M 7/59

2197MEDICA	L EXAMINER'S	CERTIFICA	TE OF DEA	TH	0217	
1. PLACE OF DEATH COUNTY Prince George	1 S MARYLAND		ce (where decessed live laryland b.			mission) eorg
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	If outside corporate limit	s, write RURAL and gis	e nearest town	1)
Upper Marlboro d. NAME OF HOSPITAL OR INSTITUTION (II not in h	Tife pspitat, give street eddress)	Upper d. STREET ADDRESS	Marlbord)		SIDENCE FARM?
3. Name of Deceased (Type or print) Barbara	Jean.	Barnett	4. DATE OF DEATH	ebruary	3 19	61
s. sex Female 6. COLOR OR RACE 7. MARR Colored widow		AUE O	1958 9. AGE (In last birth			Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	KIND OF BUSINESS OR INDUS None	TRY 11. BIRTHPEACE (Slate Maryland	or foreign country)		S. A.	OUNTRY?
3. FATHER'S NAME James Nathaniel Ba	rnett	Barbara	NAME a Jean Kel	.ly		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (lifyesgivewerordatesofservice)	None None	Mrs Bark	ara Jean	Barnett,	Same	as
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unit V Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (c)			nd third d			W. pa
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIC	N GIVEN IN PART 1(a)	PERFOR	
1.11	a room that			nat caugh	t on	fire
20c. TIME OF INJURY Month, Day, Yaar 20c 12: 15 p.m. 2 / 3g/ 6 w		LACE OF INJURY (Home, fari actory, street, office bldg., etc Home		(County) [arlboro		Md.
21. I certify that I took charge of the redeath resulted from: Natural causes		icide . Homicide		nquiry 🔼 , ar	d in my op	
EXAMINER'S NAME (Typa) James 1. Bo	yd	DEPUTY MEDICA Address (Street,	city, town, or county)	2/3/		
220 BURIAL, CREMATION, 22b. DATE THEREOF 2-7-61	Musis		Upper	marlbo	ira. m	11
Hung S. Washington + Ser	2 4925 N	e come One DATE FE	B 8 '61	anthun 8. Ki		

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VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

2138 MEDICAL EXAMINERS	CLAIRICAIL OF DEATH
PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) • STATE • COUNTY
Prince George's MARYLAND	Maryland Prince George's
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest lown)	c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town)
Upper Marlboro Life	X Upper Marlboro
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENC
	ON A FARM
NAME OF First Middle	Last 4. DATE Month Day Yeer
OECEASED (Type or print) T TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT	OF OF
James Nathaniel Barn	ett Pehmary 3 19 61 8. Date of Birth 19. Age (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS
Molo Coloned = =	lest birthdey) Months Days Hours Min.
	Nov. 16, 1956 4 yrs.
De. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
None	Maryland U. S. A.
B. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Nathaniel Barnett	Barbara Jean Kelly
i. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address
fes, no, or unkown) [(Ifyesgive werordetesofservice)	
NO NODE 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	Mrs Barbara Jean Barnett, same as 2
PART I. DEATH WAS CAUSED BY:	ONSE! AND DEATH
	rst, second and third degree burns
DUE TO	
Conditions, if eny, which (b)	
(e), sleting the underlying DUE TO	
ceuse lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	YES NO K
206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enler neture of injury In Pert I or Pert II of item 18.)
PRIMARY To r CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Doy, Yeer 2Dd. RIURT OCURRED 20c. PL 12 House Kink 2 / 3 19 61 et work of work X	Arof Nukr (Home, farm, 201 Cary Sown) on fire (Stele)
12:15 p.m. 2 / 3 19 61 of work of work of the of work of the work of the of	Home Upper Marlboro P. G. Md
First Francis Land Land	
21. I certify that I took charge of the remains described above, h	
death resulted from: Natural causes , Accident K., Sui	cide . Homicide . Undetermined manner .
	CHIEF MEDICAL EXAMINER
SIGNATURE SUMMER STATES	ASSISTANT MEDICAL EXAMINER DATE SIGNED
EXAMINERAR	DERUTY MEDICAL EXAMINER 2/3/61
NAME (Type) / James L. Boyd	Address (Street, city, town, or county)
20, PORTAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or country), (Stete)
2-7-61 Mases	- Upper Markboa MIC
3. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
Ling S. Wallytte Ton 4925 Deone	M 12 DATES O 161 O-1610 & Krown

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STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution, Residence before edmission) iy is necessary, il director, Page for your files. e. COUNTY Prince George's Prince George's MARYLAND Maryland b. CITY OR TOWN (if oulside corporete firm is. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporete limits, write RURAL end give necrest town) Board of write RURAL and a ve neerest town) Upper Marlboro Upper Marlboro Life
d. NAME OF HOSP TAL OR INSTITUTION (If not in hospital, give street eddress 6 IS RESIDENCE ON A FARM? retained he State B LYES NO 3. NAME OF First Midd.e Last 4. DATE Morth DECEASED ihe i (Type or print) DEATH Barnett Rebruary Melvin Clyde may be 2 with 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers (IF UNDER 1 YEAR 195 day birthdey) 1, 2, end 3 ge 5 may and 2 wi Months Deys Hours Sept. WIDOWED [DIVORCED | il in Item 18, Give Pages 1, 2, ong with form PM3. Pege 5 ansit permit. File peges 4 and od in any event within 72 h 10e JSJAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. B RTHPLACE (State or foreign country) 12. CITIZEN OF WHAT CO.INTRY? done during most of working life, even if retired) Maryland S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Barbara Jean Kelly Barnett James Nathaniel 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknwn) | (Ifyesgivewerordetesofservice) Office along with for burial-transit permit. Mrs. Brahara Jean Barnett, None same 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) i INTERVAL BETWEEN PART I DEATH WAS CAUSED BY: Universal Frit. second and third drgree IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate cause Ð DUE TO (e), stating the underlying Exam.ner cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 8: 19 WAS AUTOPSY PERFORMED? 2 lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremat NO 2Do EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. In a room that had an oil stive that caught on Month, Day, Year 2 Dd. INJURY OCCURRED, 20e, PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stela) :15°"XXPM factory, street, office bldg., etc.) While Not While Marlboro P.G. Md Home Upper et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my opinion Accident death resulted from: Natural causes Suicide Homicide. Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER 🤚 DATE SIGNED SIGNATURE DEPUTY EXAMINER'S NAME (Type) Boy Address (Street, city, town, or county) ames 224 BURIAL, CREMATION, 226 DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. IOCATION (City, town, or country) (Steta) REMOVAL (Specify) 4 0 g Q H a 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Cirthur S. House 5M 7/59

AND STATE DEPARTMENT OF HEALTH



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may be retained by the OFUNERAL DIRECTOR: A page 3 shauld be detached 0 VR A1S (4) 1SM 9/S9

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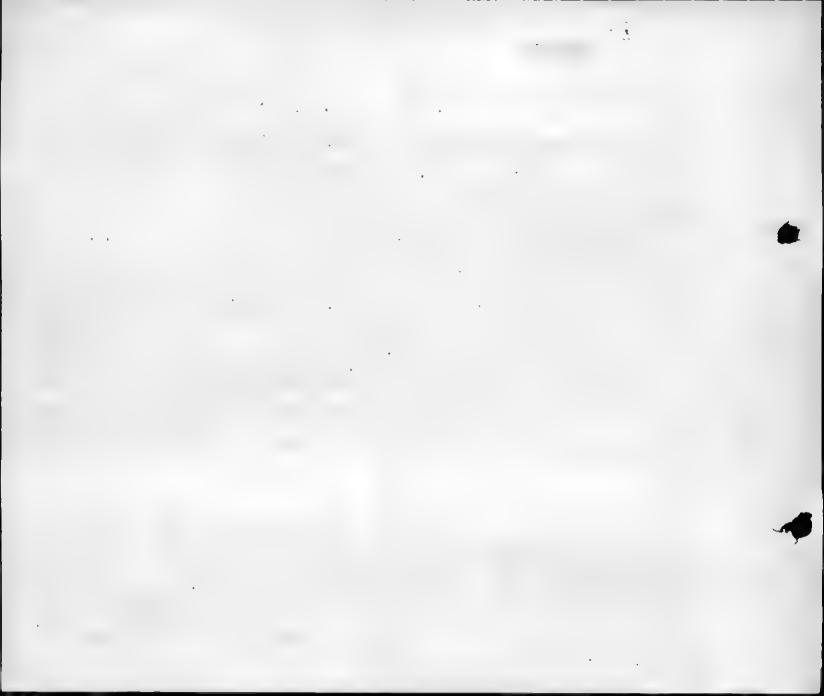
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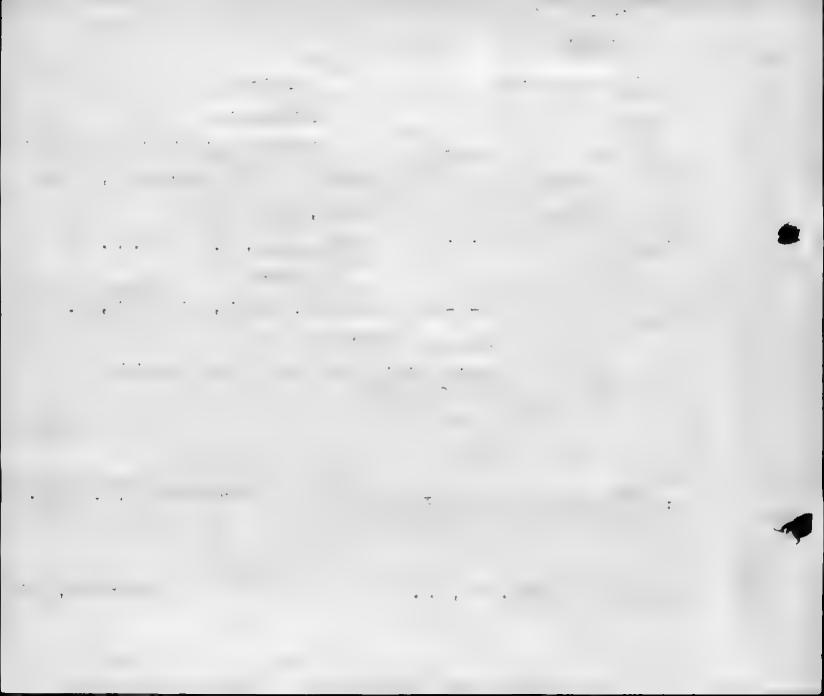
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Division of STATISTICAL RESEARCH AND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before edmission, our files. a. COUNTY director. Page **b.** COUNTY Prince Georges County Pennsylvania b. CITY OR TOWN (if ouls de corporele I mils, c. CITY OR TOWN If outside corporate I m ts, write RURAL and give serest town) for your write RURAL end give neerest town) Philadelphia
d. STREET ADDRESS Bowle d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite,, a ve street address) e. IS RESIDENC ON A FARM? 1428 South 10th Street YES NO X NAME OF RR Spur to Bowie Racetrack DECEASED BELANCIO TOSHPH 1961 (Type or pnnt) DANTEI. DEATH February With 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years , IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months July 27. Male WIDOWED [DIVORCED | 10a. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR INDUSTRY | 11 8 RTHPLACE (Stelle or fore on country) 12. CITIZEN OF WHAT COUNTRY? s Office along with form PM3. Page a burial-transit permit. File pages I an emoval, and in any event within 72 done during most of working life, even if retired) Philadelphia, Pa. U.S.A. Printer Printing 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Girard Belancio Mary Chusso 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1428 South 10th St. (Yes, no, or unkown) ((fyesgive weror detesof service) Salvatore F. Belancio, Philadelphia, Pa. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (a) Crushing injuries to the head body and extremities multiple and severe DUF TO (a), sleting the underlying PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NOXX should 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY CLOT CONTRIBUTING CAUSE CLOSE ATH. Passenger in a train that was in a wreck 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) 20c. TIME OF INJURY (County) (Stete) forwarded to the Chi factory, street, office bldg., atc.) While Not While Jerricho Park 1961 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. and in my opinion Accident Suicide death resulted from: Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY EXAMINER'S JAMES I. BOYD, M.D. should NAME (Type)/ Address (Street, city, town, or county) 22c, NAME OF CHMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 226. DATE THEREOF 22. BURIAL, CREMATION REMOVAL (Specify) 40 9 240. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE A15ME arilar S. Krous 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



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MARYLAND STATE DEPARTMENT OF HEALTH

220 DEVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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1. PLACE OF DEATH	George	-1-Ven	MARYLA	ND 2.	USUAL RESIDI	ince (Whe	re deceased live			e Geor	
Chever ly	(If outside corporate lim nearest town)	its, write c.	LENGTH OF STAY IN	16		Pleas	tside corporote ent	limits, write RI	JRAL and giv	re nearest lov	vn)
d. NAME OF HOSP OR INSTITUTION Prince Geo	rge's Gener	ive street oddr al Hos	pital	5	d. STREET AD		,	,		ON	A FARM?
3 NAME OF DECEASED (Type or print)		orge	Middle		Belk		4. DATE OF DEATH	Feb	tuary	214	19 ^{Yeor} 61
s sex Male	6 COLOR OR RACE Colored	WIDOWED [m ²	5 3	ATE OF BIRTH	92	68	GE (In years birthday) /yrs.		YEAR IF UNI	
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13. FATHER'S NAME	VZA BO	ELK			I. MOTHER'S A 人のロル		AME 2				
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23g BURIAL CREMAT	" 3-1-	6/ F	ARMONY	NAT	EMATORY PARK		CHAP	City, town, I	T COUNTY	A	(AND
24, FUNERAL DIRECTO	R'S SIGNATURE	0 4	ADDRESS 4/4-15-1	5f.	S.E.	250 REC'D			STRAK'S SIGI		



VR A15 (4) ISM 9/59

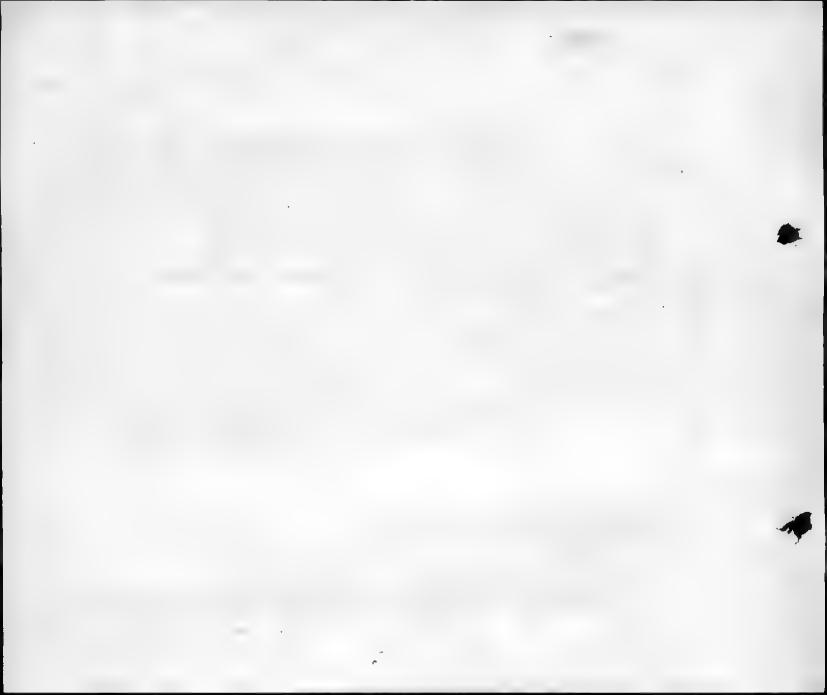
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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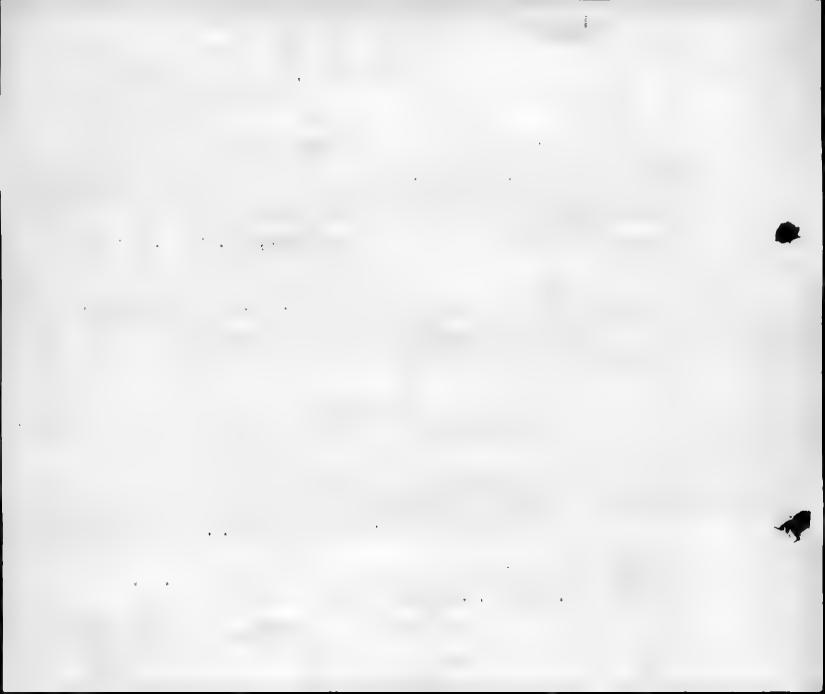
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	o. COUNTY BEINE GEORGE MARYLAND	2 USUAL RESIDENCE (Whater deceased lived if institution Residence o. STATE COUNTY COUN	before admission)
ı	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest town)	c CITY OR TOWN (If outside corporate timits, write RURAL and gi	ve nearest town
	Riverdale	OILAUREL, md	
b.7	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
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1	3. NAME OF First Middle DECRASED	Lost 4. DATE Month	Day Year
7	(Type or print) StellA A. Be	NNIE DEATH Feb.	2/ 1961
	5 SEX 6 COLOR OR RACE 7. MARRIED 1 NEVER MARRIED	lost birthday) Months [YEAR IF UNDER 24 HRS
	Fe WIDOWED DIVORCED	5-2-08 52 m	<u> </u>
7	On USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12.CITIZ	EN OF WHAT COUNTRY?
L	Hausense Hame	Pennsylvania	USA
1	B. FATHER'S NAME	14 MOTHER'S MANORN NAME	
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 II (Yes, no, or unknown) (If yes, give wor or diddes of service)	NFORMANT Address	
F	TB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]	80 /	INTERVAL BETWEEN
	PART I, DEATH WAS CAUSED BY:	7 -	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	last	
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	couse (o), stoting the <u>under.</u> lying couse lost. (c)		
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(o) 19. WAS ALTOPSY
	Ē		PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH UT (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	<u> </u>
	20c TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (City or town) (Co	ounly) (State)
	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED to Form the p.m. 19 While of work to two the p.m.	ctory, street, office bldg., etc.)	
	21 I certify that (I) (this haspital) attended the deceased fram	, 19, 19, 19	_, that (I) (we) last
		death accurred at M, from the causes and an the	
	220 S GNATUREY	ATTENDING MED STAFF	22b DATE SIGNED
	22c PHYSICIANS	M D. PHYS DIRECTOR PHYS 224 ADDRESS	· · · · · · · · · · · · · · · · · · ·
	NAME (Type) CHARLES HOUSE	*** ADDRESS	
1	230 BURIAL CREMATION, 235 DAJE THEREOP 230 NAME OF CEMETERY C	R CREMATORY 23d LOCATION (City, town, or county)	(State)
	Burish 2/24/61 St Mary	Cometen Lawel Mid	
1	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIG	NATURE
4	Dell'III Vanaldean Kanul /k	DATEMAR 1 '61 Chulmy 8 to	Trans



1 4)			MA Division of		DEPARTMENT OF AND RECORDS — BALTI		
	£.			2204	CERTIFICA	TE OF DEATH	MORE I, MARIDAND	10460
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er d				RURAL and give learest tawn) Cheverly NAME OF HOSPITAL (If not in haspital, give street	12 Days	Hyatto	ville	5 /
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hour in b	,		3. N	Prince George Gener	Middle	Last	4. DATE	Month Day Year
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ithin Page Page			\$. 5	EX 6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH	9 AGE (In ye last birthda	ears IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Days Haurs Min.
ed w				Female White WIDOW		3-9-90	70	yrs 10
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and bon 72 h				HOUSEWIFE FATHER'S NAME		WASHTNGTO	N. DIST. OF CO	OL. UNITED STATES
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he Are A					3 1961 , and that	death accurred at 11	MI From the causes	and an the date stated above.
ECTO Se det of He	f			220 SIGNATURE		M D ATTENDING M	ED. STAFF	226 DATE SIGNED
- × × ×	-			22c. PHYSICIAN'S	~		per Marlboro	na Mria
TAL Perception All Photos				NAME (Type)	B.G. Sasscer		·	
			23a	BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify)	23c. NAME OF CEMETERY O	OR CREMATORY	23d LOCATION (City, Ion	wn, ar county) (State)
TO HO.			_	RURIAL 2/8/61	ST. JOSEPHS C			R, PENNSYLVANTA
₩ ₩ VR A1S (4)			24.	FUNERAL DIRECTOR'S SIGNATURD	ADDRESS 0 13/1/	A NAMA REC'		arthur S. Kruna
1SM 9/S9				The ray Jack	WI THINK INVITED	A CONTRACTOR	R 6 '61 C	June D. In
				~	Was	A. AC.		

ted within 24 hours after death. Page 4



2205 **CERTIFICATE OF DEATH** Reg. Dist. No. With director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) o. COUNTY, A 16 COUNTY P 蓮 the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 16 c. CITY OR JOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give pearest tayin) ‡ ‡ d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION on A FARMS d. STREET ADDRESS þ CN YES NO pup , ⊆ NAME OF Cast DATE Year filled DECEASED DEATH (Type or print) 19/ ges IF UNDER TYEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (in years Months Dovs cample paper 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo LOQ offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending physician n please remove car hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address / 2 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditrons if ony, which gned gove rise to immediate **DUE TO** cause (a), stating the underlying couse lost. unal-transit OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PART II PERFORMED? 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part I or Port II of item 18.) 20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, 20e PLACE OF INJURY (Hume, form, 20f (City or town) Doy. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour (I) (II) While Not while at work at work 21. I certify that I attended the deceased fram That I last saw the deceased and that death accurred at from the causes and an the date stated above. ADDRESS (Street, City or town, state) FUNERAL DIREC **ACTUAL** SIGNATURE retained ਹ shoul PHYSICIAN'S NAME (Type) BUR AL, CREMATION, 226. DATE THEREOF 22d LOCATION (City down, or equally) MOVAL (Specif Ō UNERAL DIRECTOR'S SIGNATURE 246, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE **ADDRE** VS A15 (4) DATE FEB 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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	Cheverl			6 Days		Laure					
20	OR INSTITUTION	TAL (if not in hospital, g	ave street o	ddress)		d. STREET ADDR	ESS				IS RESIDENCE ON A FARM?
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•	3. NAME OF	Fir		Middl		Last	4. DA	TE	Manth	Da	y Year
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	<u> Tousevi</u>	fe		140000			yland			U.S	.A.
	13 FATHER'S NAME				1	4. MOTHER'S MAI	IDEN NAME				
	Jame.	s Crook				Emi	lv V.	Forsy	rth		
	15 WAS DECEASED EVE	R IN U. S ARMED FOR		OCIAL SECURITY N	0. 17 INFO	RMANT			Address		
	(185, No, ar onknown)	Iff yes, give war or dates of s	ervice)			Vm . W.	Blais	le11-0	Chever	1v. 1	d.
	18 CAUSE OF DEA	ATH [Enter only one co	use oer lin	e for (a) (b) and (c				OL NO DESCRIPTION	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ERVAL BETWEEN
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	lying cause last.	(0	1								
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b	PART II OTI Congosti 200 ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLY NO D		RIBE HOW INJURY						· · · · · ·	
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	NAME (Type)			-		220 CORESS	De es	11-6	Blue	10. 4	1
						June :	HOLE !	18640	(eur	ucy, "	4
	23o BURIAL CREMATIC REMOVAL (Specify))F	23c NAME OF CE	METERY OR C	REMATORY	23d .C	CATION (CI	y tawn, ar ca	unty)	(State)
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	24 FUNEA. PRECTOR	'S SIGNATURE	1.0	A SEDRESS >	21		REC'D BY RE	GISTRAR :	256 REGISTRA		
	Mulker C	A. Hall	I L	Toperon	a, M	DA.	TE FEB 2	3 '61	auth	ur S. The	u.4



VR A15 (4) 15M 9/59

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TO HOSPITAL OR ATTRACTION: The law requires that the deoth certifical as a physician and completely filled in by the funeral director, now be retained by the copy to or alterding physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove capbon pages. Pages I and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event within 72 hobrs ofter deoth.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

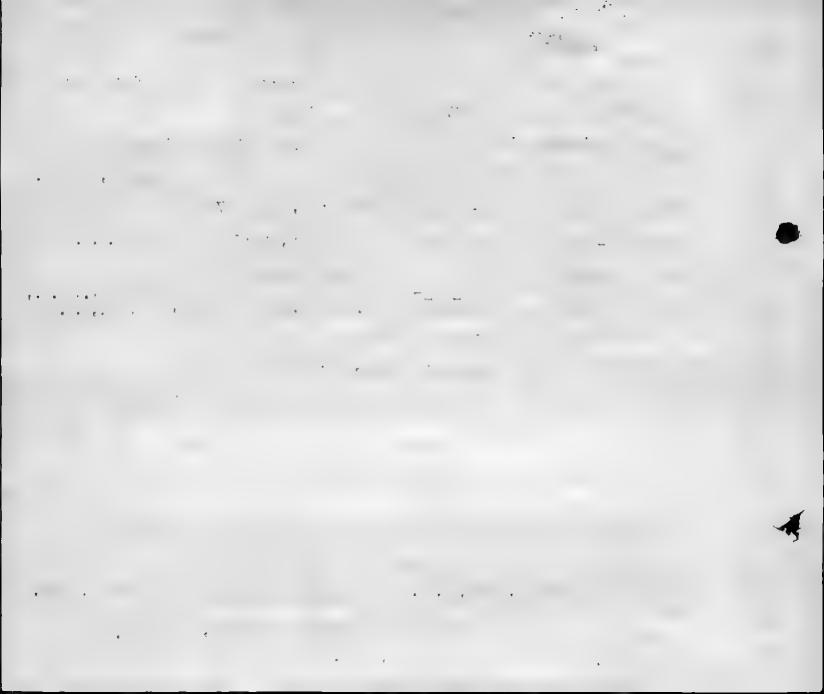
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d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, g	ive street odd	iress)		d STREET AD	DRESS					on a FARM?
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NAME OF	Fire	st	Middle		Lost		4. DATE		Month	0	Day Yeor
(Type or print)	Susa	n	Myrtle		Brady		OF DEATH	F	ebrua	my 2	19 61
S SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	ED B	DATE OF BIRTH		5	AGE (In ve	ors IF UN	DER TYEA	R IF UNDER 24 HRS
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during most of wo	rking life, even if retired)		n Home			ylan		**		TI	S. A.
HOUSEWI 3. FATHER'S NAME	fe		12 2101110							0 =	0 : 20 :
	*** ***				14. MOTHER'S A			. 7			
	W. Higgs				Mary	19 - 19	IATULI				1
5 WAS DECEASED EV [Yes, no, or unknown]	ER IN U S ARMED FOR (If yes, give wer or deles of s	CES? 16. SO	CIAL SECURITY NO		ORMANT						gton, D. (
No				Mrs	. Altic	Zec	ca-l'	711 M	ass.	Ave.	. N.W.
18 CAUSE OF DE	ATH [Enter only one co	use per line	for (a). (b) and (c)	1/-	Λ			01		N.	ITERVAL BETWEEN
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OR CONTRIBUTION	AS UNDERLYING A	200. DESCRI	BE HOW INJURY O	CCORRED.	IEUIER HOIDE OF	anjory in re	011 1 01 1 011	17 01 110111 10	1		
	Y MEDICAL EXAMINER)			f			T 000 100				100
20c. TIME OF INJU		or 20d. INJU While	JRY OCCURRED Not while		CE OF INJURY (H ory, street, office			or town)		(County	y) (State
Hour o.m.	10		ot work								
21 certify th	at (1) (this haspital) attended	the deceased	fram	I her	196	, U 10 A	Fel-	1	1961	that (I) (we) las
	sed alive on 2	Fel-	/)								ite stated above
220 SIGNATURE	osed diffe diff.e	4	// / dild	i indi de	dill occorred	O'L-E-SI	<u>Ja</u> irolii i	no caose.	0110 011	1116 00	22b. DATE
1/1/1	32			M	ATTENDING PHYS	AMEI DIR	D. ECTOR [STAFF PHYS		2/2/	61 SIGNE
29c PHYS CIAN'S	JUNIAY_			14	22d. ADDRES		ECTOR []	11112		64/ 64/	01.
NAME (Type)	R. B. Sa	sscer	. M.D.				arlb	oro,	Id.		
230. BUR AL CREMAT REMOYAL (Specify		OF :	23c NAME OF CEM	AETERY OR	CREMATORY		23d LOCAT	ON (City, Io	MU OL CON	inty)	(State)
Rurial	2/6/61		lit. Car	mel	Cemete	- 17		r Mar			Md
4 FUNERAL DIRECTO			ADDRESS	1 3			BY REGISTI		REGISTRAR	'S SIGNAT	URE
Ritchie .	mos.Funil	Home	-U. per	Larl	boro,	DATE	*上月 1 4	1-61	Cla	12. n 9	40



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND)) (MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, If institution: Residence before admission) e. COUNTY any delay is necessary, **b.** COUNTY files. Prince Georges County Prince Georges MARYLAND b CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 E. CITY OR TOWN (foutside corporate limits, write RURAL and give nearest town) 3 to the funeral director, write RURAL and give neurost town] 6 for your Beltsville Years Beltsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS Boa a. IS RESIDENCE ON A FARM? retained he State B 11714 Ellington Drive Ellington YES NO NAME OF Middie DATE DECEASED OF MARIE LOUISE BREVER (Typa or print) DEATH February 1961. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years , IF UNDER I YEAR , IF UNDER 24 HRS 76 yrs. age 5 may 1 and 2 wil 72 hours Months October 28. WIDOWED -DIVORCED | 10b. KIND OF BUSINESS OR INDUSTRY! 11 BIRTHPLACE (State or foreign country) 10a LSUAL OCCUPATION (Giva kind of work 1 12. CITIZEN OF WHAT COUNTRY? PM3, Page pages 1 and done during most of working life, even if retired) U.S.A. Murkurk, Maryland Pages Housewife - Retired At Home in Item 18. Give Pagraco with form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Betty Harrison Charles Briggs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 518 F St., N.E., (Yes, no, or unknwn) (If yes give wer or dates of service) Mrs. Anna E.Brewer Johnson. Wash D.C. 18. CAUSE OF DEATH [Enter only one cause per line for (e b), end (c)] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary Edema IMMEDIATE CAUSE (a) Office # DUE TO Myocardial Infraction Conditions, if any, which gava rise to immadiate cause DUE TO (a), stating the undarlying Coronary Arteriosclerosis Heart Disease causa last. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9), 19, WAS AUTOPSY PERFORMED? Medical should by YES IN NO 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Entar nature of injury in Part I or Pert II of them 18.) PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. Chief 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work please execute the certificate 4 should be forwarded to it DECTOR: or its designated agent, prio 21. I certify that I took charge of the remains described above, held an Autopsy ..., Inspection X. Inquiry A and in my opin.on death resulted from Natural causes Accident Suicide Homicide 1 Undetermined manner DEPUTY MEDIC CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER TO EXAMINER'S BOYD, M. D. February 7, 1961 NAME (Typa) Address (Street, city, town, or county) 226 BURIAL CREMATION, 226. DATE THEREOF 224. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) g40 p Queens Chapel Cemetery Murkurk ADDRESS 4925 Dean Avers. REC'D BY REGISTRAR 246. REGISTRAR'S STENATURE 23. FUNERAL DIRECTOR V5. A15ME WASHINGTON & SONS NE, Wash. DC DATE FEB 1 0 '61 5M 7/59

ARYLAND STATE DEPARTMENT OF HEALTH



	DIVISION OF ST	ATISTICAL RESEARCH AND	RECORDS — BALTIA	AORE 1, MARYLAND	
	2209	CERTIFICATE	OF DEATH		09165
M	PLACE OF DEATH COUNTPrince George	MARYLAND 2	USUAL RESIDENCE (Who	- E COUNTY	orge
ನ [b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	LENGTH OF STAY IN 16		Iside corporate limits, write Ri	JRAL and give nearest tawn)
7	d. NAME OF HOSPITAL (If not in hospitol, give street ode OR INSTITUTION Prince George General Hosp		d. STREET ADDRESS	9th Place	e. IS RESIDENC ON A FARA YES NO
3.	_	Middle	Britt	4. DATE Monitor of DEATH Feb	Doy Year
5.	SEX 6. COLOR OR RACE 7 MARRIED Male Colored WIDOWED		ate of Birth Dec. 5. 196	9. AGE (In years lost birthday) yrs.	IF UNDER 1 YEAR IF UNDER 24 IManths Doys Hours M
10-	o. USUAL OCCUPATION (Give kind of work done 10b. Kit during most of working life, even if retired) None	nd of business or industry None	II BIRTHPLACE (Slote of Mary)		U.S.A.
T 13	FATHER'S NAME Leon Rritt	1	4 MOTHER'S MAIDEN N Berbara	Mc Clurkin	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO es, no or unknown) (If yes, give war or dates of service)	None Mot		Addr Sara	
	1B. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO	for (a), (b), and (c).] sive White SubD	ural Heatoma	And Pneumonia	INTERVAL BETWEE ONSET AND DEAT
	Canadians, if any, which gave rise to immediate couse (o), stating the under: lying cause last. (c)				
CATION	PART II. OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(0) 19. WAS AUTO PERFORMED YES NO
CERTIF		BE HOW INJURY OCCURRED (inter nature of injury in P	art I or Part II of ilem 18)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJU Haur a m. While at wark [_ Nat while foctory	OF INJURY (Hame, form, street, office bldg., etc.	20f. (City or town)	(County) (S
	21 I certify that (I) (this haspital) attended saw the deceased alive an Dec. 9				, 161_, that (I) (we) d an the date stated abo
	220. SIGNATURE			D STAFF PHYS	TENS/ Febsic
1	Jalun / files	M.D			
1	22c pays clan's Dr. John Perkin	*	22d. ADDRESS	lton St., Hyat	tsville, Md.
*	AME (Type) Dr. John Perkin	S M.D.	22d. ADDRESS 5301 Hami	23d LOCATION (City, fown, o	or county) (State)



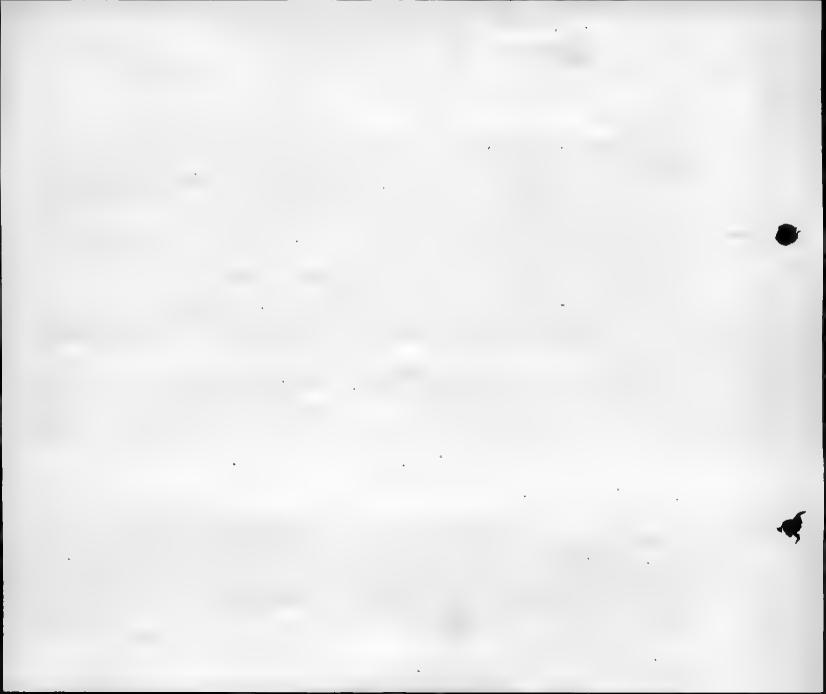
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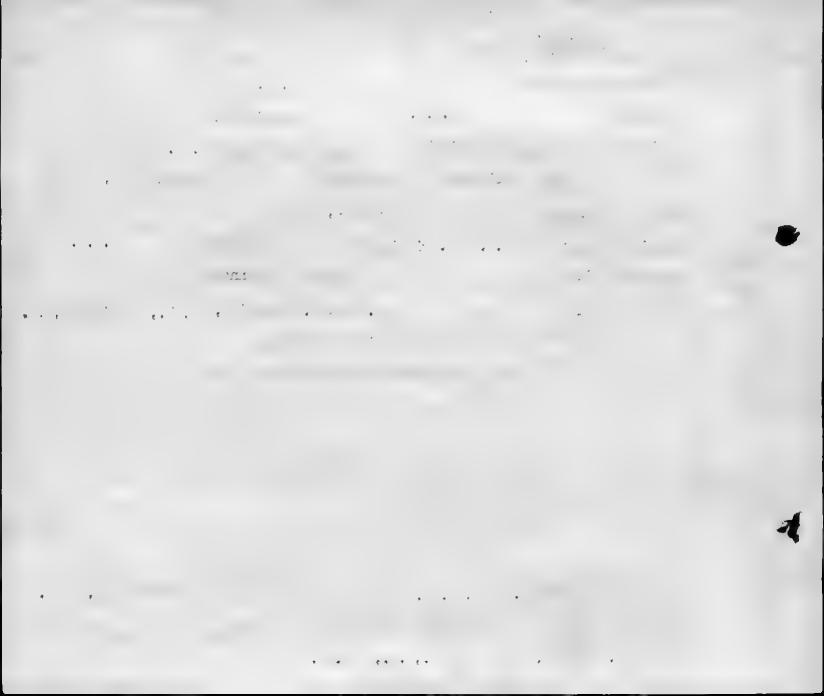
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS

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CEI	DTIELC	A TE	OF D	NE A	ATL	

UQ40 CERTIFICA	TIE OF DEATH							
PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased tived. If institution, Residence before admission)							
PRINCE GEORGES MARYLAND	o. STATE MARYLAND CHARLES							
6 CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16	c. City OR TOWN (If autside carporate limits, write RURAL and give nearest town)							
ANDREWS AIR FORCE BASE 8 HOURS	INDIANHEAD							
d NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE							
USAF HOSPITAL, WASH 25, DC	BOO, US NAVAL PROPELLANT PLANT YES NO W							
3. NAME OF First Middle	Lost 4. DATE Month Day Year							
(Type or print) CHARLES V	BROADBENT DEATH FEBRUARY 17 19 6							
S. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years IF UNDER LYEAR IF UNDER 24 HR							
MALE CAUCASIAN WIDOWED DIVORCED	20 AUGUST 1935 last birthday) Months Days Haurs Min.							
100. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDI	JSTRY 11 BIRTHPLACE (Store or foreign country) 12.CITIZEN OF WHAT COUNTRY							
during most of working life, even if retired) US NAVAL OFFICER US NAVY	MASSACHUSETTS UNITED STATES							
13. FATHER S NAME	14. MOTHER'S MAIDEN NAME							
DONALD BROADBENT	BARBARA M ZAUGG							
	NFORMANT Address							
(17 yes, no. or unknown) YES (1957 - 1961 031-266-3346)	PERSONNEL_AND_HOSPITAL_CHARTS							
The deliver of the second for	I I I I I I I I I I I I I I I I I I I							
PARTY DEATH WAS CAUSED BY MILL TIDLE FOACTIONED I FOT FOMID C TIDLA DICERT DADITIONSET AND DEATH								
DUE TO								
Conditions, if any, which) (b) CRANIAL CEREBRAL	INJURY 8 HOURS							
gove rise to immediate NITTO MINITIPLE LACERATT	ONS, LEFT AXILLA & RIGHT LEG							
lying couse last. Co Stating the under Stating the under								
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO								
YES NO MEDIA								
20g ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.)								
OR CONTRIBUTING DICAGE OF DEATH INVOLVED IN 3 CAR COLLISION ON RT #210, GLYMONT, MD								
	LACE OF INJURY (Hame, farm, 20f (City or town) (Caunty) (State Salary, street, affice b dg , etc.)							
	ROUTE 210 GLYMONT CHARLES MD							
21 I certify that (1) (this/hospital) attended the deceased from 17 FEBRUARY 19 61, to 17 FEBRUARY 19 61, that (1) (ver) las								
saw the deceased alive an 17 FEBRUARY61, and that death occurred of 45%, from the causes and an the date stated above								
226. DATE								
John A Henness	M D PHYS MED DIRECTOR D STAFF 17 FEBRUARY 196							
226 PHYS CAN S NAME (Type)	22d. ADDRESS							
JOHN A HENNESSEN JR, LT COL U	SAF MC USAF HOSP, ANDREWS AFB, WASH 25, DC.							
230 BURIAL CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY								
BURIAL 2/2/16/ BURCHWOOD	1 CEMETERY CENTERVILLE MASS							
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE							
W. W. Chambers Co. Ire 1400 Chapin	St 71 W DATE FEB 23 '61 Cothur S. Krous							
Washink	TON, DC							



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. AEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where decreased lived, if institution, Residence before admission) I director, Page or your files. a. COUNTY Health, a. STATE b. COUNTY Prince Georges County
b CITY OR TOWN (if outside corporate rim ts, MARYLAND None c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Soard of F write RURAL and give neerest town) D.O.A. Cheverly Washington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Prince Georges General Hospital Iowa Avenue N. YES TO NO TO State 3. NAME OF First 4. DATE DECEASED (Type or print) BRODERICK DEATH .TAMES February Protest di Ad with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS last birthday) Months July 2. WIDOWFD [DIVORCED T Male 10a. JSUAL OCCUPATION (Giva kind of work 10b, KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired) U.S.A. Massachusetts Planning Manager MOTHER'S MAIDEN NAME James Broderick Kathleen Cayamaansh 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 4620 Iowa Avenue (Yas, no. or unkown) (If vasqivawar or datas of servica) along with Mrs. Mabel I. Broderick. N. W. Washington, D. C. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute Myocardial IMMEDIATE CAUSE (a) **DUE TO** Severe Coronary Atherosclerosis Conditions, if any, which (6) gava risa lo immadiala causa DUE TO (a), statung the underlying cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS AUTOPSY PERFORMED? NO X plnous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part 1 or Part 1) of item 18.1 PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 20f, (City or town) (County) 20c. TIME OF INJURY Month, Day, Year (Stata) factory, street, office bldg., atc.) While Not While forwarded to the at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion death resulted from: Natural causes X Accident Suicide | Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY EXAMINER 6 BOYD. 19, 1961, JAMES I. M. D. February NAME (Type) Address (Street, city, town, or county) 22a, BURIAL CREMATION! 22c. NAME OF CEMETERY OR CREMATIONY 22d. LOCATION (City, lown, or country) REMOVAL (Spacity) 240 g 246. REC'D BY REGISTRARY 246. REGISTRAR'S SIGNATURE VS. A15ME 14th St., N.W., Wash, DC., DATFEB 21 '61 Chilling S. Krouns 5M 7/59



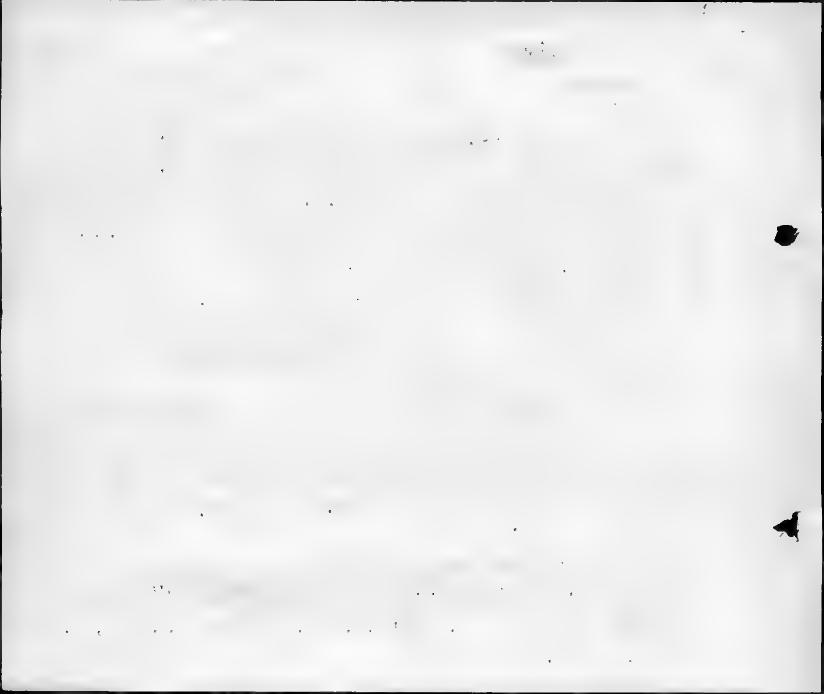
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MARYLAND	STATE	DEPARTMENT	OF HEALTH
ION OF STATISTICAL	RESEARCH	AND RECORDS - BA	ALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

DIVIS

<u>م</u> ل	CERTIFIC	ATE OF DEATH	
1	Prince George MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution, feeldence before admission) o. STATE MATY Land Entines George	
	b. CITY OR TOWN (If outside corporate limits, write RURASHE VERTICAL town) c. LENGTH OF STAY IN 18 2 Hr 10 Mi		
	Prince George General Hospital	d. STREET ADDRESS 3022 Kennilworth Ave. STREET ADDRESS	RM?
3	NAME OF DECEASED (Type or print) Baby girl Middle	Brown 4. DATE Feb. 19	61
	Female 6 COLOR OR RACE 7 MARRIED NEVER MARRIED DIVORCED	Fig. 7. 106 lost birthdoy) Months Dovs Mourts	4 HR
1	00. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INI different of working life, even if retired) None	Maryland U.S.A.	NTR
1	Donald J . Erown	Josephine Barnes	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (16, SOCIAL SECURITY NO. 17 (If yes, give wor or dates of service) None	Mrs Josephine Brown.	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	Trematury Interval Betwonser and De	ATH
	Conditions, if any, which agove rise to immediate (b)	Grematury	
	couse (o), stoling the <u>under-</u> DUE TO lying couse lost. (c)	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT	FORE
		PERFORM YES N	
		JRRED, (Enter nature of injury in Part I or Part II of item 18)	
	20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e Hour o m	foctory, street, office bldg., etc.)	(Stol
	21 certify that (I) (this haspital) attended the deceased from saw the deceased alive an Feb.	report 19 of Feb 7 19 of that (1) (we at death accurred at 22 of Mr. from the causes and an the date stated at) la bav
	220 SIGNATURE Pukin	22b D	
	22c. Pur fician's Dr. John Perkins, M.D.	22d ADDRESS 5301 Hamilton St., Hyattsville,	
Tree of	230 BURIAL CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY Cremation 2/28/61 Pr.Georga S	PY OR CREMATORY 23d LOCATION (City, fown, or county) Sign. Hospt. Cheverly, P.G. County, Md.	
2	HARRY W. PENN ADM	250 REC D BY REGISTRAR 256 REGISTRAR'S SIGNATURE AND	



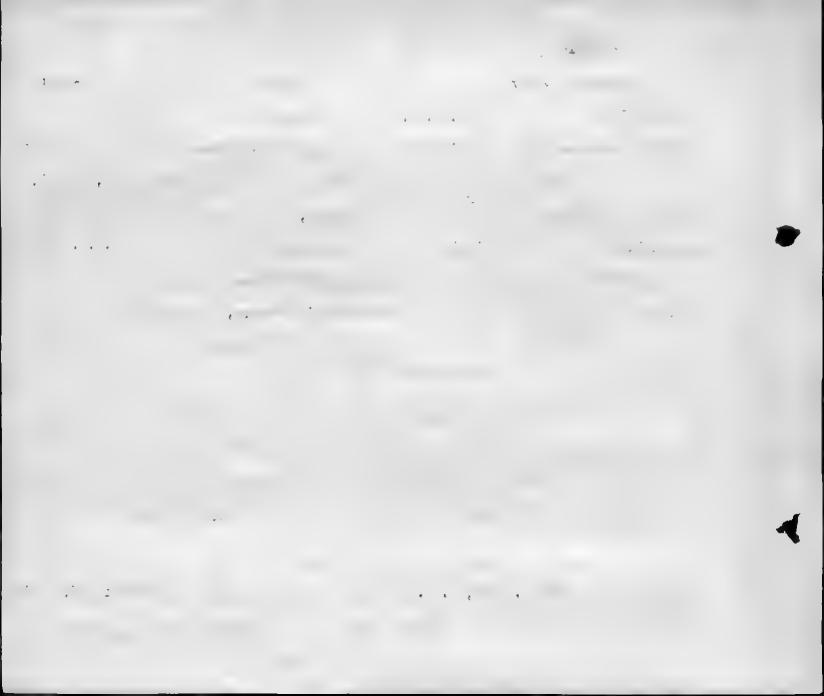
4 25	، ال		CERTIFICATE OF DEATH Reg. Diet 1 (6.7 () **				
ofter death. Page 4 the funeral director, should be filed with	, Jr	٦	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY				
e al	12	-	b. CITY OR TOWN (If outside corporate lights, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate lights, write RURAL and give nearest town)	_			
r death. funeral	(1)	Vi	Bugal and give nearest town)	Q.			
ofter the f	-	-	d. NAME OF HOSPITAL (If not in Mospitol, give street, address) a. IS RESIDENC ON A FARM	E 42			
M 201	34	No. of	Paint 1 ranch Nursing Home 1607 Eastern Ave. YES NO.	Ø			
24 haur ell in t			3. NAME OF DECEASED (Type or print) BOXSE BULL TANK BY TO DEATH FOR X 19/-				
ithin 2 ely fille Pages		-	12 100 17 11 101 12 100 1 10 10 10 10 10 10 10 10 10 10 10				
3 ₽			5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days Hours Mi	n.			
cample papers	E .		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNT 11. BIRTHPLACE (State or foreign country)	RY?			
			13. FATHER'S NAME Duty Dt. Flizabeths Hasp Drand tog Penn. U.S. A.				
te be		F	13. FATHER'S NAME				
pllysician		土	15. WAS DECEASED EVERYIN J. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT.	_			
	77		1/4s, no, or phinown) If yes, give war or doles of service) None Nursing, Home, Records.				
death remdin please			IB. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)-]	N IN			
he of the o	≩	1	PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Cerebral Viscula-Accident 2 Days				
hat .	e >		331 X DUE TO // -				
res per les	р П		Conditions, if any, which gove rise to immediate DUE TO	291			
equi			lying couse lost.				
_ Z . S . S . E _	2		PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPERFORMED YES IN NO.	PSY ?			
The the physical phys	DADE «						
ending Ficote the bu	b		20a. ACCIDENT WAS UNDERLYING D 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
r att centre e as	, L D L			tate)			
tol o	Le H		Hour a. m. While Not while toctory, street, office bldg., etc.) p. m. dt wark at work				
of fer fer fer fer fer fer fer fer fer fe	o j		21. I certify that I attended the deceased from 7-8, 1962, to 2-8, 1962, that I last saw the decea	sed			
Tree on the letach	DILLI		alive an 12.61, and that death accurred at 2.654M, from the causes and an the date stated abo				
	<u> </u>	4	ACTUAL XIII OF THE REVIEW OF	P			
	io Lid	7	SIGNATURE X MERITA A MED 16 00 CATVO IL 13VE. 12 NOME 16 TAME &	0_			
retaine RAL DI should			PHYSICIAN'S STUDYTL. Nelson MD.				
0 5 5 6	L		220. BILIPIAL CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d, LOCATION (City, town, or county) (State)				
5 E B 8	Ë	-	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24. REC'D BY REGISTRAR'S SIGNATURE				
VS A15 (4) 15M 9/58	1		DATE FEB 1 0 '61 Cuthun S. Thank				
		t					

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2. 13 ty Trans of the North Ame Kickers.

MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH FALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission Fles. Page a. COUNTY a. STATE **b.** COUNTY If any delay is necessary. Prince Georges County MARYLAND Prince George's b C.TY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and 3 to the funeral director. your Write RURAL and give neerest town) Cheverly D. O. A. Hyattsville .d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospital, give street eddress) ٥ Boar a, IS RESIDENCE ON A FARM? retained State YES NO 📆 Prince Georges General Randolph S 5510 death 3 NAME OF 4. DATE First Yaar DECEASED OF the (Typa or print) DEATH JOHN February 19 pe with AGE (In years | IF UNDER 1 YEAR | 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 24 HRS. may 1 7. MARRIED 📮 NEVER MARRIED [last birthday) with form PM3. Page 5 may permit, File pages 1 and 2 w Months Hours WIDOWED DIVORCED Male 48 USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? In pencil in from 18, Give Pages 1, 2 done during most of working life, even if ratired) within 72 U.S.A. Bookbinder New York

14. MOTHER'S MAIDEN NAME 13 FATHER S NAME EXAMINER: This certificate should be executed within 24 Michael Burns
15. WAS DECEASED EVER IN U.S. ARMED FORCES? Ellen Redmond 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no. or unknown) | (Ifvesgive wer or dates of service) Office along with free burial-transit permit, amoval, and in any a 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if any, which "pending" gava rise to immediata cause Examiner's and the **DUE TO** (a), stoting the undarlying 20 cause lest. nsed cremation, PART J. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 2 icate, writing the word to the Chief Medical E NO bluous 206. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Pert | or Pert || of Item 18) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Home, farm, † 20f. (City or lown) (County) (State) While Not While factory, street, office bldg., atc.) Hour am. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion execute the certific death resulted from: Natural causes Suicide Undetermined manner Accident Homicide DEPUTY MEDIC. CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINERS February NAME (Type) Address (Street, city, town, or county) 228, BURIAL, CREMAT, ON. | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Burial 0 40 2/28/61 Ft. Lincoln Cemetery Colmar Manor, Maryland ā 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE **ADDRESS** VS. A15ME arthur S. Kraus 161 5M 7/59 Hyattsville, MarylandauMAR Francis Gasch's Sons



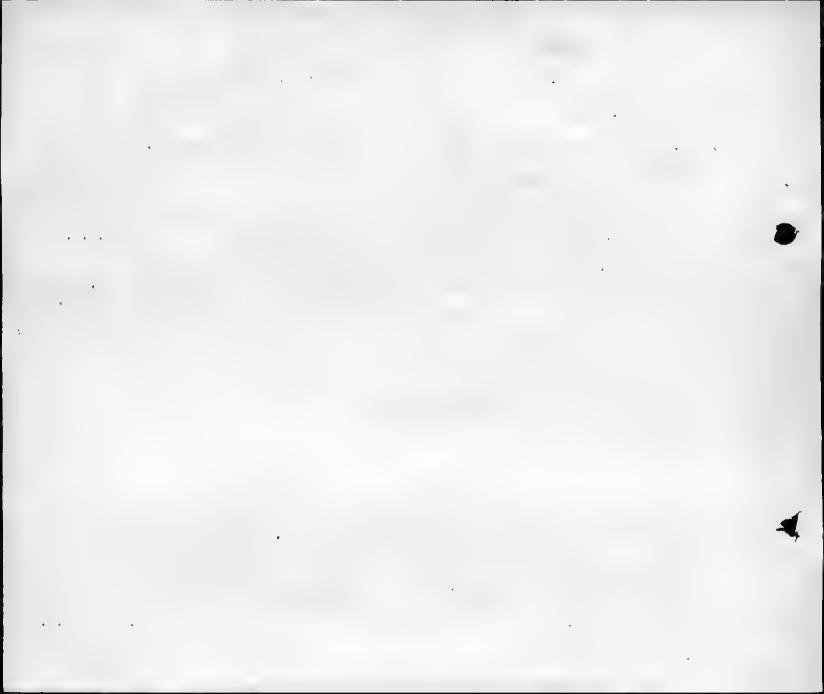
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND					
2218 CERTIFICATE OF DEATH	02198				
PLACE OF DEATH O. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution on STATE b. COUNTY) b. COUNTY	Residence before admission)				
b CITY OR TOWN (If outside corporate limits, write & C. LENGTH OF STAY IN 1b c. CITY OR TOWN It subside corporate limits, write RUI	RAL and give negret town				
RURAL and give nearest town)	74				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR JOSTITUTION d. STREET ADDRESS OR JOSTITUTION	e. IS RESIDENCE ON A FARM?				
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lost birthday)	Months Days Hours Min				
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13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME					
11/ elliam ducas Allia Elgabeth	Whittle				
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. IZ INFORMANT Addre (Yes, na, or unknown) (If yes, give wor or doles of service)	"Rot in So.				
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Conditions, if any, which) (1) (1) (1) Cleres classes	154				
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OR CONTRIBUTING II CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Haur o m. While Not while of wark of wark of wark	(Caunty) (State)				
₹ pm 19 at wark □ of wark □					
21. I certify that (I) (this haspital) attended the deceased fram	, 19 (we) last				
saw the deceased glive an 2-1-0-19/21, and that death accurred at SOM, from the causes and	on the date stated above 22b DATE				
M.D. ATTENDING MED DIRECTOR DIRECTOR PHYS	SIGNED				
22c. PHYSICIAN S 22d ADDRESS					
MAME (Type) B.P. WAKREN					
23d. BURIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or	county) e(State)				
24 FUNIERAL DIRECTOR'S SIGNATURE ADDRESS C 250 REC'D BY REGISTRAR 256 REGIST	TRAN'S SIGNATURE				
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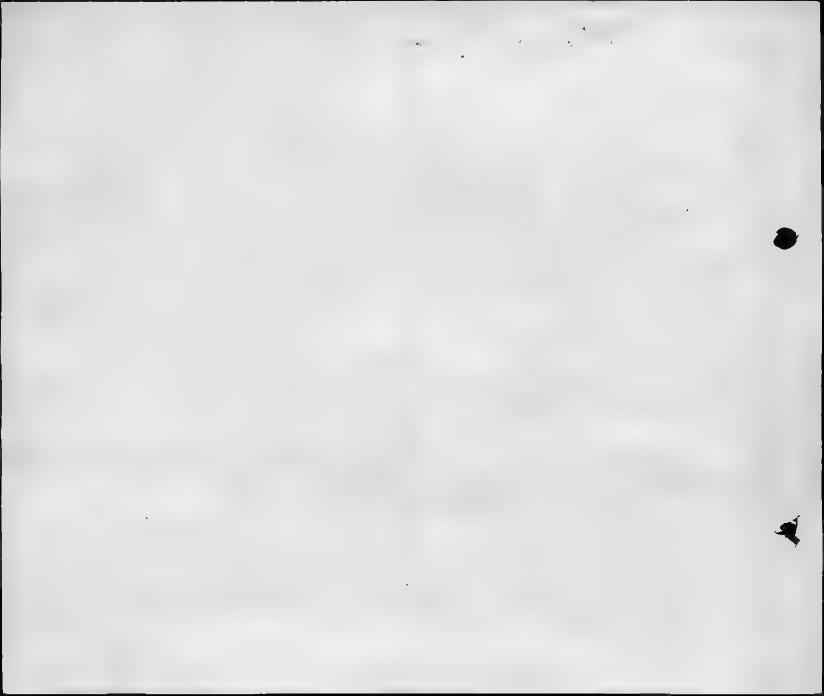
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ND STATE DEPARTMENT OF HEALTH RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE DICAL EXAMINER'S HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution: Residence) . COUNTY Page files. Health, b. COUNT K-/ is necessary, MARYLAND b. CITY OR TOWN (if guiside corporated in Is, c. CITY OR TOWN .if obtside corporate I m is, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 director. write RURAL and give nearest town) retained form d. MAME OF HOSPITAL OR INSTITUTION (if not in hosp to , give street eddress) d ATREET ADDRESS e. IS RESIDENCE ON A FARM? and 3 to the funeral YES NO T State NAME OF 4. DATE OF DECEASED the DEATH (Type or print) 19 with 5. SEX 6. COLOR OR RACE LI-S. DATEROF AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS may 2 will 5 m and 2 w 2 hours lest birthday) WIDOWED DIVORCED with form PM3. Page 1, 2, permit, File parm? USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) #hin 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME in pencil in Item 18. Give This certificate should be executed within U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no. or unkown) | (if yes give we for detes of service) e along with t any 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (6) Office **DUE TO burial** removal, Conditions, if any, which (b) "pending" gave rise to immediate cause 65 Examiner's DUE TO (a), stating the underlying 8 cause last. pesn (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.6., 19, WAS AUTOPSY CERTIFICATION PERFORMED? writing the word 8 YES NO Medical plnous 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. Chief Jage 3 s 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Cily or town) 20c. TIME OF INJURY (County) Month, Day, Yeer (Slate) fectory, street, office bldg., atc.) While Not While Hour e.m. ئے ہ ہے ہے el work et work should be forwarded to the FUNERAL DIRECTOR: .ŏ 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🗔 Inquiry 4 and in my opinion h agent, Suicide Undetermined manner death resulted from: Natural causes | Homicide | DEPUTY MEDIC CHIEF MEDICAL EXAMINER [designated ACTUAL DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 1 EXAMINER'S NAME (Type) Address (Street, city, town, or county) DATE THEREOF 22a. BURIAL, CREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION &City, lown, or country! 9 40 24e. REC'D BY REGISTRAR VS. AISME long



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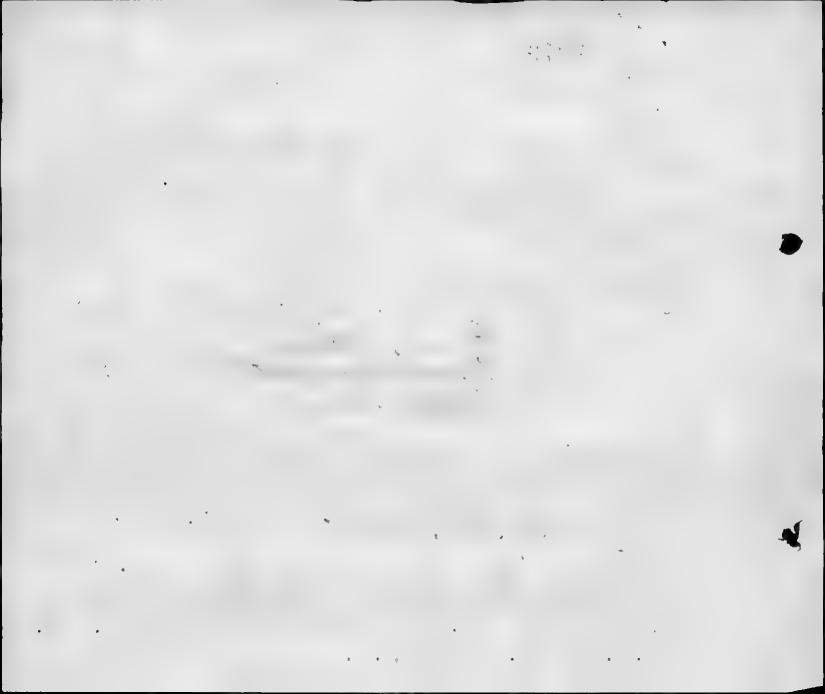
25b. REGISTRAR'S SIGNATURE

25a. REC'D BY REGISTRAR

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DIRECTOR: O HOSPITAL death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH

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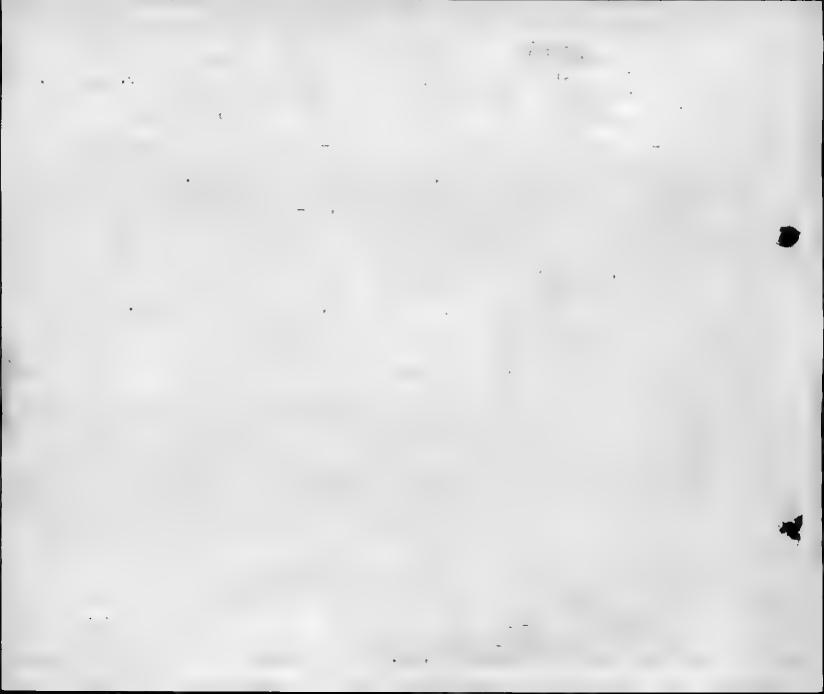
certificate should be executed within 24 hours and "pending" in pencil in them 18. Give Pages 1, 2 Examiner's Office along with form PM3. Page Office along w burial-trensit p moval, and in a Medical Examiner ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be

VS. A15ME 5M 7/59

DEPUTY MEDICAL



ARYLAND STATE DEPARTMENT OF HEALTH



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacaged lived, If institution, Residence before admission) . COUNTY Prince George Prince George by the and 2 death. MARYLAND b. CITY OR TOWN (if outside corporate limits. c. CITY OR TOWN (If outside corporate I mits, write RURAL and give necrest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Forestville .57 Forestville filled in d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? 82nd Ave ሊ105 YES 🗍 NO 🔚 completely papers, 3. NAME OF 4. DATE First Middla Last Month Year DECEASED [Type or print] Howard DEATH Dalby Feb. 1961 at. withi carbon 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED AGE (In yaors IF UNDER 1 YEAR | IF UNDER 24 HRS 8 DATE OF BIRTH pue last birthday) Months Days Male WIDOWED [DIVORCED 76yn. physician 10a. USUAL OCCUPATION (G va kind of work remove 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) Farmer U. S. A. Retired Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ple Richard Dalby Mary Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive war or dates of service) 18. CAUSE OF DEATH (Errar only one cause per line for (e), (b), INTERVAL BETWEEN ģ ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Conditions, geva rise to immadiate cause DUE TO (e), stating the undarlying has causa last. PART II. OTHER SIGNIFICANT CONDITIONS NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY certificate Se PERFORMED? NO I 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of in very in Part I or Pert II of item 18.) OR CONTRIBUTING IT CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) After 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED 20a. PLACE OF NJURY (Home form. (State) 20f. (City or lown) (County) factory, streat, offica bldg., atc.) While Not While Hour n.m. may be remained by the de at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from A.M. from the causes and on the date stated above. 1..., and that death occured at/ saw the deceased alive on... 22b. DATE 22e., SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. death. Page 4.1 D FUNERAL 1 director, page 3 be filed with the 92c. PHYSICIAN'S 22d ADDRESS NAME (Typa) TO FUNE director, p NOTERWAND 0-9 24 PENERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATUR VR A15 (4) 15M 9/60 arthur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) · COUNTY **b.** COUNTY MARYLAND EORGE b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn) RURAL and give nearest town) Ö _AUREL DEVERN d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? MINNIETORKA YES 🗍 NO 🔯 ENERAL NAME OF Middle Month DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH lost, birthday) Months Doys WIDOWED | DIVORCED T O 70. 100 USUAL OCCUPATION [Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 8IRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) IRGINIA 600 o 13. FATHER'S NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address same 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). nosderojis Conditions, if only, which ! gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 📈 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or Iown) (County) foctory, street, office bldg , atc.) Hour o. m. While Not while at work 🔲 at work I certify that I attended the deceased from. 19.6.L..that I last saw the deceased and that death occurred at 1140 P. M. from the causes and an the date stated above. alive an ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE: IERANDRE

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Year

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(Stote)

DATE SIGNED

(Stole)

22d. LOCATION (C ty. lown, or county

A. REGISTRAR'S SIGNATURE

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220. BURIAL, CREMAT ON,

23. FUNERAL DIRECTOR'S SIGNATURE



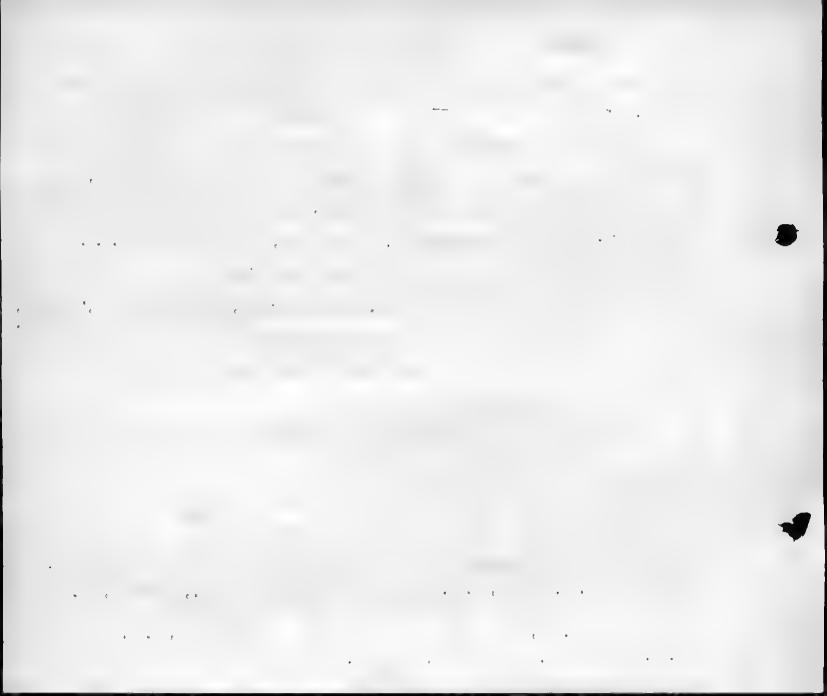


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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2224

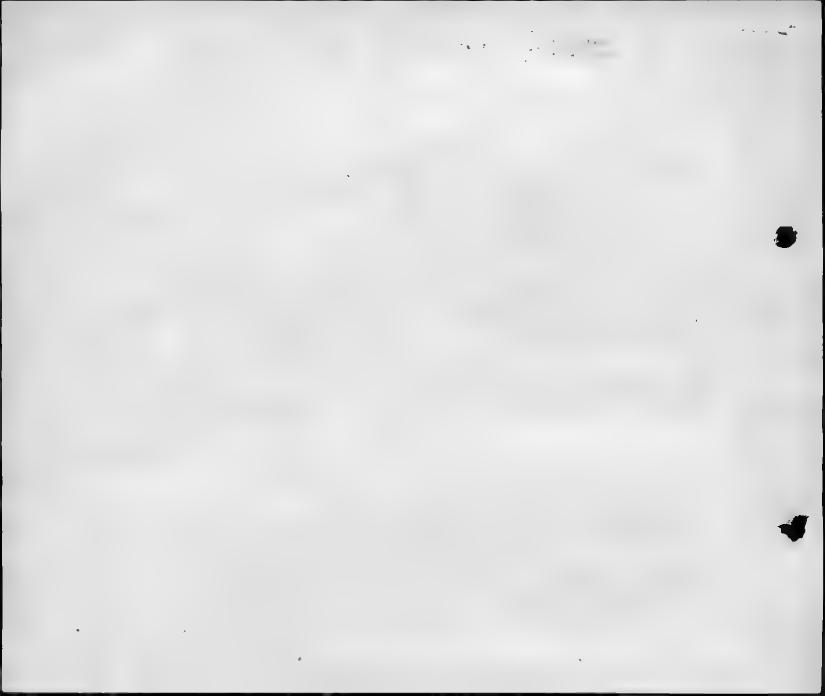
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Prince Georges County Maryland		p. COUNTY			2. USUAL 1				ce before admission)
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Riverdale d NAME OF HOSTIAL (If not in hosphol, give street oddress) OR INSTITUTION Lettend Memorial Hospital 2029 Roanoke Avenue First Middle (NMN) DELCHAMP SEATH PARTILION S. SEX 6. COLOR OR RACE Male Window Winte Window Winte Window Winte Window Winte Winte		b. CITY OR TOWN (If	outside corporate limits, wi	rite c. LENGTH OF STAY	IN 16 CITY	OR TOWN (If outs	side corporate limits	, write RURAL and g	give negrest fown)
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NO NONE Unknown Mr. Joseph Delchamp, 100 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Conditions, if ony, which gove rise to immediate couse (o), staining the under lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON Conditions, if ony, which gove rise to immediate couse (o), staining the under lying couse last. Color of the line of lying couse last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CON Conditions, if ony, which lying couse last. Color of the line of lying the under lying couse last. Color of the line of lying in Part II or Part II of the line of lying in Part II or II or Part II or Part II or II or Part II or II or Part II or II					. 17, INFORMANT			Address	
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21 I certify that (I) (this haspital) attended the deceased fram									
21 I certify that (I) (this haspital) attended the deceased fram		20c TIME OF INJURY	7. 1-		20e. PLACE OF INJU	RY (Home, form,	20f. (City or lown)	- (0	County) (State)
saw the deceased alive an 2 - 9 194, and that death accurred at M., from the attending Med Director St. Attending Med Director St. Attending Med Director Med Director's Signature Address 250 REC'D 87 REGISTRAR	NEC	p. m.					 		
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220 SIGNATURE M.D. ATTENDING MED DIRECTOR PH 221 PHYSICIAN'S NAME (Type) D. R. PURDIE, M. D. 222 NAME (Type) D. R. PURDIE, M. D. 230 BURIAL, CREMAT ON 235 DATE THEREOF REMOVAL (Specify) Burial Physician's Med Director PH 224 ADDRESS 236 NAME OF CEMETERY OF CREMATORY Washing 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR		saw the decease	ed alive an $2 -$	9 194/ and	that death accu	rred at P.P.N	A, fram the ca	uses and an the	e date stated above
22c PHYSICIAN'S NAME (Type) D. R. PURDIE, M. D. 23d BURIAL, CREMAT ON 23b DATE THEREOF REMOVAL (Specify) Burial Feb. 15, 1961 Mount Olivet Cemetery Washing Address 24 FUNERAL DIRECTOR'S SIGNATURE M.D. PHYS 27d. ADDRESS		220 SIGNATURE	000	1.					276 DATE
NAME (Type) D. R. PURDIE, M. D. 236 BURIAL, CREMATION 236 DATE THEREOF REMOVAL (Specify) Burial Feb. 15, 1961 Mount Olivet Cemetery Washing ADDRESS 250 REC'D 8Y REGISTRAR		hi	Dr. Du	rolle_	M.D PHYS		CTOR PHYS		9/11/61
230 BURIAL, CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (REMOVAL (Specify) Burial Feb 15, 1961 Mount Olivet Cemetery Washing 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D 8Y REGISTRAR	ì		TO TO ESTEROIS	FT3 14 T3					
REMOVAL (Specify) Burial Feb. 15, 1961 Mount Olivet Cemetery Washing 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D 8Y REGISTRAR			D. K. PUKDI	Fti ² M ^o D ^o	44	08 Queen	sbury Rd.	, Riverdal	Le, Md.
Burial Feb. 15, 1961 Mount Olivet Cemetery Washing 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR	23		4 23b. DATE THEREOF	23c NAME OF CEM	ETERY OR CREMATOR	XY 2	3d LOCATION (Cit	y, town, or county)	(Stote)
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250 REC'D BY REGISTRAR			Feb. 15, 19	Mount 01	ivet Cemet	erv	Washingt	on D C	
W. W. GHAMBERS CO., Riverdale, Maryland, DATE FEB 14'61	24					25a REC'D	BY REGISTRAR	Sb REGISTRAR'S SI	
		W. W. CHAI	ABERS CO.,	Riverdale, M	aryland.	DATE PAR	3 1 4 '61	Children &	. Thank



BALTIMORE 1. MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) e. COUNTY Health and 3 to the funeral director. Page files. MARYLAND much low b CIY OR TOWN (if outside corpore) c. LENGTH OF STAY IN 16 odts da corporeta I mits, write RURAL and give neared town for your Board If any delay ON A FARM? be retained State 3. NAME OF DECEASED OF 0 (Type or print) DEATH w.ìth 6. COLOR OR RACE 7. MARRIED WEVER MARRIED AGE (In years IF UNDER 1 YEAR 2 with age 5 may 1 and 2 wit 72 hours a last birthdev) WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work doing during most of working the OD ST Other 106. KIND OF AUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? d "pending" in pencil in flem 18, Give Pages 1, 2 Examiner's Office along with form PM3, Page pages 1 Farmer 13. FATHER'S NAME MOTHER'S MAIDEN'NAME certificate should be executed within 24 E 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). ONSET AND DEATH burial-transit PART I. DEATH WAS CAUSED BY: .MMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate cause 10 **DUE TO** (e), stating the underlying 88 cause last. cremation, PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION ON GIVEN IN PART 1 * 1 19. WAS AUTORSY PERFORMED? 9 NO Medical pluous 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar neture of injury in Part I or Part II of item 18.) PRIMARY T or CONTRIBUTING TO CAUSE OF DEATH. ease execute the certificate, writing the Chief age 3 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (Cily or town) 20c. TIME OF INJURY Month, Day, Year (County) (State) should be forwarded to the Chi fectory, street, office bldg., etc.) While Not While al work at work 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection | Inquiry and in my opinion agent, Natural causes L. Acc dent Suicide Homicide [Undetermined manner death resulted from. DEPUTY MEDIC CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, lown, or county) NAME OF CEMETERY OR CREMATORY 22b, DATE THEREOF 22d. LOCATION [City, town, or country] 22a. BURIAL, CREMAT ON, (Stella) 40 눵 Washington Nat'l Cem. Suitland, Burial Ď. 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME Bros.Fun'l Home-Upper Marlboro, MdamAR 13'61 arthur S. Krous 5M 7/59

PEMENT OF HEALTH



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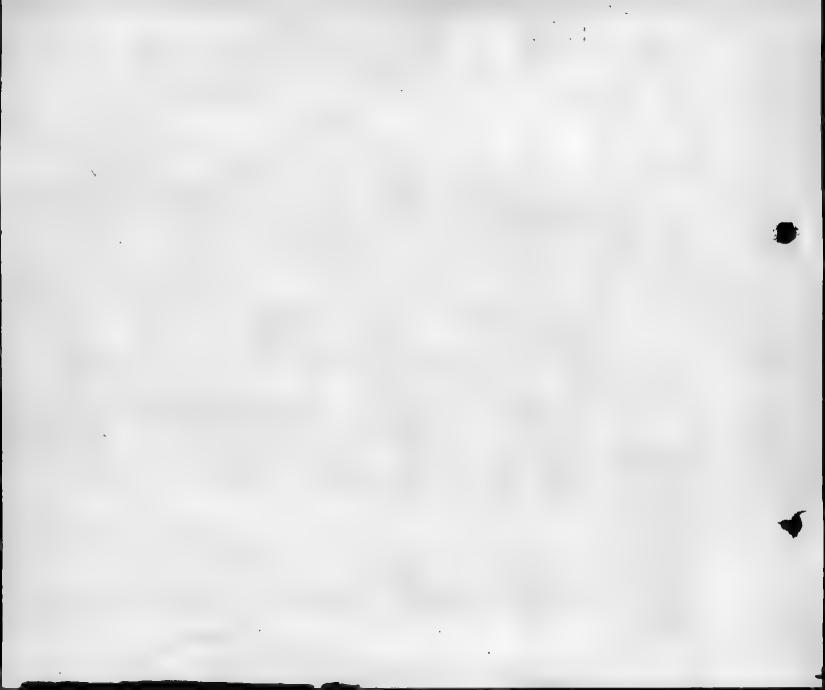
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CERTIFICATE OF BEATLE

029-14

L	2226	CERTIFICA	AIE OF DEATH		Reg. Dist.	No.
1.	PLACE OF DEATH O. COUNTY PRINCE GEO	REES MARYLAND	2. USUAL RESIDENCE (Where do STATE harylan	leceased lived If instituted b. COUNTY	ion: Residence to Frince	e George's
	b. CITY OR TOWN (If outside corporale limits, wri RURAL and give nearest fown) NIVERDALE, MD		c. CITY OR TOWN (If outside R	e corporate limits, write l	RURAL ond give	nearest lawn)
	d NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet oddress)	d. STREET ADDRESS	LWORTH	AVE	e. 15 RESIDENCE ON A FARM? YES NO
L	NAME OF DECEASED (Type or print) CFERTRUD	71	DENIERLY 4.	DATE Mo OF DEATH	nth 2	Day Yeor 196/
5.		MARRIED NEVER MARRIED DIVORCED DIVORCED	SULY 10-187	9. AGE (In years last birthday) 8 yrs	Months Do	EAR IF UNDER 24 HRS ys Hours Min
10	during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote or fo	reign country)	12. CITIZE	N OF WHAT COUNTRY
	SCHN ABLAN		14. MOTHER'S MAIDEN NAME MARTHA	1 LUT	- Z	
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? ex. no. or unknown) (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO. 17.	INFORMANT LLIAM CALL	14HAN	CIVERA	ALEMINACATT
Γ	18. CAUSE OF DEATH [Enter only one couse por PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	er line for (o), (b), and (c).]	e a cude	n		NTERVAL BETWEEN
	Conditions, if eny, which) (b)	Walkerten	sion			3
	gove rise to immediate couse (a), stating the under- lying couse lost.	7. 9//				
CATION		NS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIV	VEN IN PART 1(d	19. WAS AUTOPSY PERFORMED? YES NO
L CERTIFIE		DESCRIBE HOW INJURY OCCURRI	ED (Enter noture of injury in Port I	or Port II of item 18.)		
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20 Hour o. m. 19 of	d. INJURY OCCURRED 20e. Pl hile Not while work 0 ol work	ACE OF INJURY (Home, form, 20 octory, street, office bldg , etc.))f. (City or town)	(Cour	nty) (State)
	21. I certify that I attended the deco	11	, 19 6/, to 2/ h occurred at 9/20 M	from the course	7	t saw the deceased
	ACTUAL SIGNATURE BOLLING RO	in leng	MD. 5702 am	RESS (Street, city or town,	stole)	DATE SIGNED
	PHYSICIAN'S BARRY ROS	SENBERG				
_	REMOVAL (Specify) 226. DATE THEREOF	HILLCRES	7 4	LOCATION (City, town,	W/0	(Stole)
23	FUNERAL-DIRECTOR'S SIGNATURE	475-4-4M7	240. REC'D BY		ISTRABUS SIGNA Carthur 2.	17

DATE



e. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES 🔼 NO 🗍

(State)

225 DATE SIGNED

Feb 61

(State)

Day

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(County)

ON A FARM?

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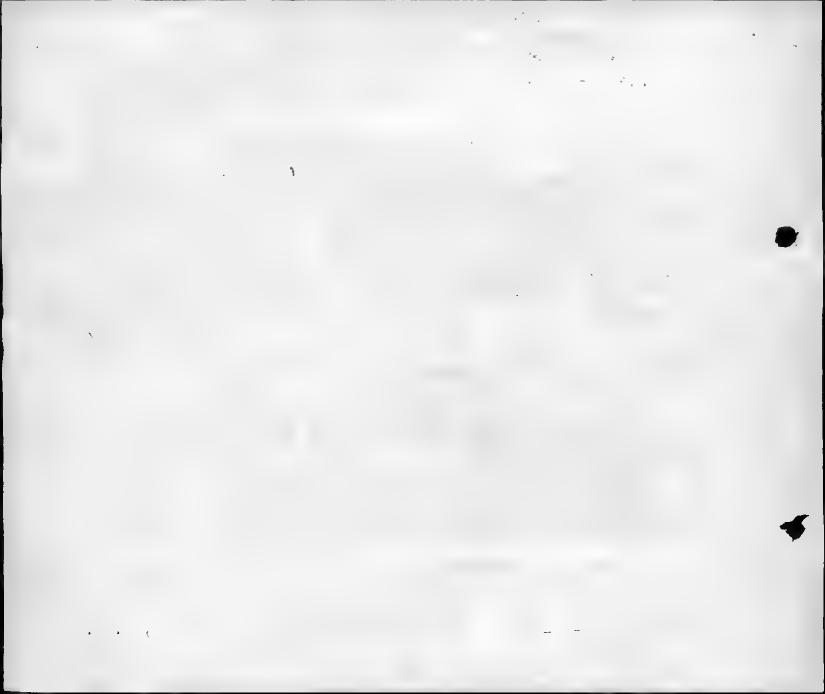
burial-transit

after death.

1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a STATE **6 COUNTY** MARYLAND PRINCE GEORGES PRINCE GEORGES b. CITY OR TOWN (If guiside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give nearest town) AIR FORCE BASE ANDREWS ANDREWS ATR FORCE BASE d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION HISAT HOSPITAL ANDREWS BASE TRATLER PARK LOT DATE NAME OF First Middle Month DECEASED DEATH FEBRUARY (Type or print) DILLS DHANE DA NNY IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR, RACE B DATE OF BIRTH AGE (In years MARRIED NEVER MARRIED lost birthday) Manths DIVORCED [WIDOWED [MALE 12 CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 8IRTHPLACE (Stote or foreign country) 10a during most of working life, even if retired) HNITED STATES OHIO 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARY LOU WORK WALTER C DILLS 17 INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. Address (If yes, give wor or dates of service) ECORDS 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 1) of item 18) 200 ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING A CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY Manth. Day, Year foctory, street, affice bldg., etc.) Hour a.m. While Nat while at work of work p. m 2) I certify that (this hospital) 1961, that (i) (last , and that death occurred 8145 AM, from the causes and on the date stated above sow the deceased alive andle 22a SIGNATURE ATTENDING PHYS MED. DIRECTOR STAFF MD 2c. PHYSICIAN'S 22d. ADDRESS NAME (Type) CAPT USAF (MC) USAF HOSPITAL, ANDREWS AFB. WASH 25, DC BOT AL CREMATION 236 DATE THEREOF CEMETERY OR CREMATORY 23d LOCATION (City, tawn, or county) NATIONAL XIRIAL 25a RECID BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE EEB 2 8 '61



after death.



VR A1S (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

	9990 CERTIFICATE OF DEATH	02207
	PLACE OF DEATH 9. COUNTY 9. STATE 1. COUNTY 1. COUNTY	Residence before admission)
		rince Georges
	b. CITY OR TOWN (If autside carporate limits, write RURA RURAL and give nearest town)	L and give nearest tawn)
	Agunsco Agunsco	
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
		YES A-NO
3	NAME OF First Middle Lost 4. DATE Month OF	Day Year
	(Type or print) BABY BOY DOUGLAS DEATH Feb	6 1961
S		JNDER 1 YEAR IF UNDER 24 HRS
	MALE N WIDOWED DIVORCED 2-6-61 _ YES	onths Days Haurs Min
100	DO USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	12 CITIZEN OF WHAT COUNTRY
	- Aguasco, md	4.5.
13	FATHER'S NAME 14 MOTHER'S MAIDEN NAME	/ +
2	Ahn a Careolli Louise Loug	lasi -
張	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	7/7.
	No - This (1. Causal	
	18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffaces floor	15
	DUE TO	
	Conditions, if any, which) (b).	
	gave rise to immediate Course (a), stating the under-	
	lying cause last. (c)	
N O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I(a) 19. WAS ALTOPSY PERFORMED?
CAT		YES NO
CERTIFICATION	20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.)	
WEDICAL	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home farm, 20f (City ar tawn) factory, street, office bldg., etc.)	(County) (State
MEC	Haur a. m Wh'le Not while tactary, street, affice bldg., etc.)	
	21.1 certify that (I) (this hospital) attended the deceased from. 19—1.ta 2-6.	19 6 /. that (I) (we) las
	saw the deceased alive an	
	22a, SIGNATURE	22b, DATE
	MD ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS	SIGNE
	22c. PHYSICIAN'S NAME (Type)	
	RICHARD H. Dobson, M.O BrANDY WINE, Md.	
230	30 BUR AL, CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown or co	sunty) (State)
Ι.	Burne 2-8-6! John, Treeley ME, Clareaco.	md.
24		R'S SIGNATURE
	Glarge G. Dolson-Clauses M. DATE FEB 1 0'61 and	ing S. Kraces
C		



TO HOSPITAL OR ATTES

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 2230 CERTIFICATE OF DEATH

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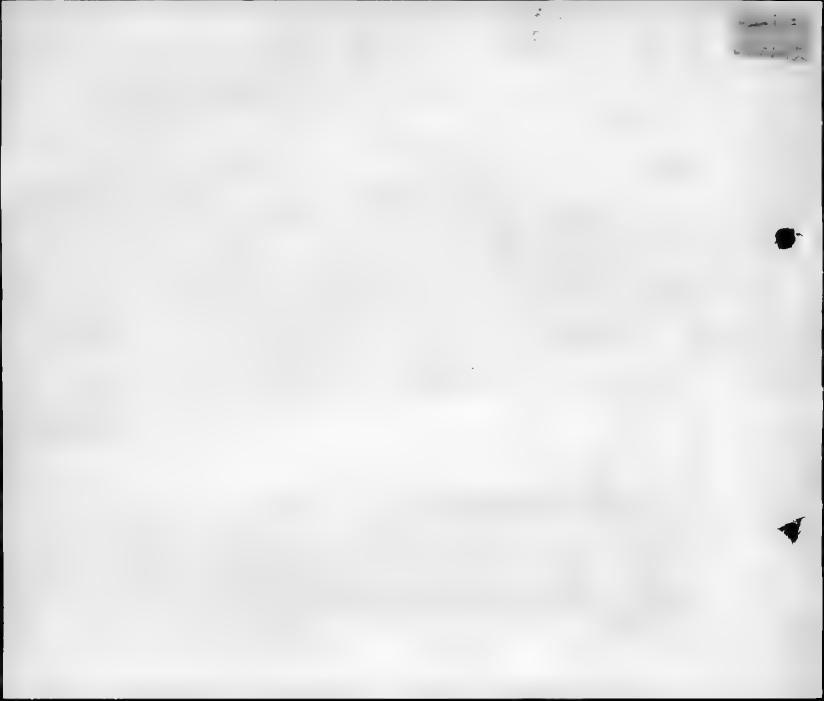
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The same of			
i	1, I	PLACE OF DEATH COUNTY Prince Georges MARYLAND	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o. STATE D. C.
_/		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural) c LENGTH OF STAY IN 16 6 months & 8 8 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
nd.		d NAME OF HOSPITAL (If not in hospital, give street address)	d STREET ADDRESS e. IS RESIDENCE
38		Glenn Dale Hospital	D. C. Village ON A FARM?
	1	NAME OF First Middle DECEMBER (Type or print) NAME OF First Middle DECEMBER (Type or print)	Duncan Death 2 1 1961
	5 5		B DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR
	,	Female Negro WIDOWED DIVORCED	8/27/09 [ast birthdoy] Months Days Hours Min
	10a	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired) General housework	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY USA
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
/		Samuel Duncan	Lena ?
	15. (Yes	s, na, or unknown) If yes, give war or dates of service)	NFORMANT Address
	==	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	, NTERVAL BETWEEN
		PART I DEATH WAS CAUSED BY: Arteriosclerotic l	ONSET AND DEATH
		Conditions, if any, which)	
		gove rise to immediate DUE TO	
	_	lying couse lost. (c)	
	CATION	Chronic rheumatoid arthritis	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPS' PERFORMED? YES NO N
N.	CERTIFI	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED (Enter nature of injury in Part I or Part II of item 18.)
	3	20c TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e Pl Hour o.m. While Not while	LACE OF INJURY (Home form, 20f. (City or town) (County) (Stotischory, street, office bldg , etc.)
	MEDI	p. m. 19 of work at wark	
		21 I certify that (I) (this haspital) attended the deceased from saw the deceased aliveran 2/11/ 1961, and that	7/27/ 1960, to 2/t/ 1961, that (I) (we) la
a.		220 SIGNATURE	death accurred at P. M. from the couses and on the date stated above
		Were Wen	M D ATTENDING DIRECTOR STAFF 2/4/1961
		22c PHYSICIAN'S NAME (Type) Moe Weiss, M. D.	Glenn Dale Hospital Glenn Dale, Md.
		BUR AL CREMATION 236 DATE THEREOF 23c NAME OF CEMETERY C	_
		THE OLIVE	
ا	24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS OFF	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
	14	mer & 11 (2000 1820 79)	STAW DATE FOR 8 '51 Curing 8. Knows
		マンカットの マング・トロア	



Reg. Dist. No. 1342() CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission STATE b. COUNTY AND TO STATE 1. PLACE OF DEATH . COUNTY MARYZANO b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) chellsville X. should 4 it hells ville d. NAME OF HOSPITAL (If not in haspital, give street address) a. IS RESIDENCE OR INSTITUTION ON A FARM? R+ 2 BOX 36 YES 🔲 NO 🗀 .≘ NAME OF 4. DATE OF First Middle Month Yeor Day filled Ses 1 ((Type or print) DEATH 196 5 SEX 6 COLOR OR RACE 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TO NEVER MARRIED Months Doys Hours DIVORCED [7] 60 YIS WIDOWED | 100 USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME WAS DECEASED 16. SOCIAL SECURITY NO. 17. INFORMANT EVER IN U. S. ARMED FORCES? Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Hat Conditions, if any, which gave rise to immediate DUE TO cause (a), stoling the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES MO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18) 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f (City or town) Doy, Year 20d INJURY OCCURRED (State) (County) factory, street, office bldg . etc.) Hour a.m. While Not while al work of work 21. 1 certify that I attended the deceased from Pec, 34 20... 1964 that I last saw the deceased 3 159 M, from the causes and on the date stated above. and that death occurred at ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 770- BURIAL, CREMATION, 225/DATE THEREOF 22d LOCATION (City, town, or county) 22c, NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0 FUNERAL DIRECTOR'S SIGMATURE **ADDRESS** 246. REGISHAR'S SIGNATURI arthur S. Krous

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

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1	30 to 10 for				<u> </u>	
1)	1. PLACE OF BEATH O COUNTY TINCY LED	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived If in b. COI		petare admission) 3 4
	b CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town) (LLY Valle)	c. LENGTH OF STAY IN 16	Palmer Pa	viside carporate limits, w		nearest fawn)
6	d. NAME OF HOSPITAL (If not in hospital), give street of OR INSTITUTION PLAN PLAN	pdress)	8106 P	on brock	Pl	e. IS RESIDENCE ON A FARM? YES NO YEL
	3. NAME OF DECEASED (Type or print) Leon Richord	2 Jacralo	th last	4. DATE OF DEATH Fabre	Month	9 31
	5. SEX 77 6 COLOR OR RACE 7 MARRI White WIDOWE		B DATE OF BIRTH //- /2 - /	190/ 9. AGE (In) last to ring		EAR IF UNDER 24 HRS. ys Hours Min
	100 USUAL OCCUPATION (Give kind of work dane 10b.) during ripst of working life, even if retired) F. A.	KIND OF BUSINESS OR INDU H.WALKER Co.		ar fareign country) N. PAROLII		OF WHAT COUNTRY?
1	13 FATHER'S NAME	foirelotes	14. MOTHER'S MAIDEN N	h. Har:	riett	8
J	15. WAS DECEASED EVER IN U. S. ARMED PORCES? 16. S (Yes, no, or unknown) (If yes, give war or dates of service)	79-01-5636 /	FOS fi. Rec.	v Doug	Address 1Hey.	
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	e far (a). (b). and (c)]	fitery occ	lussion		INTERVAL BETWEEN ONSET AND DEATH
	Canditions, if any, which	0				
	gave rise to immediate cause (a), stating the under-					
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITIO	N GIVEN IN PART 1(o) 19 WAS AUTOPSY PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING (20b. DESC OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in f	art I or Part II of item 11	8.)	, , , , , , , , , , , , , , , , , , ,
	20c TIME OF INJURY Month, Day, Year 20d. IN Havr a. m While p. m. 19 at wark	Not while fo	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.		(Cau	nty) (State)
	21. I certify that (I) (this haspital) attends		tect (19	of to Fel		that (I) (we) last
	220 SIGNATURE CUILLUNG	en W	ATTENDING ME	ED STAFF	3 010 017 110 0	226 DATE SIGNED
	22c PHYSICIANIA NAME (Type) R. WILLIA	MSON	Jelund m	removied Hz.	spiles, Ru	verdals)
	230 BURIAL, CREMATION, 231, DATE THEREOF REMOVAL (Specify) 2-1/-196/	236 NAME OF CEMPTERY O	OR CREMATORY	234 LOCATION (City, I) Blacker	own, or county)	Mid.
\$	24 FUNERAL D. RECTOR'S SIGNATURE (N. W. Chambers 80 F.	ADDRESS	md 25g REC'I		REGISTRAR'S STONI	ATURE

may be retained by the holorial ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the State Board at Health priar to burial, cremation, ar remayal, and in any event, within 72 hours after death ed within 24 haurs after death. Page 4 FHYSICIAN: The law requires that the death certificate be exi TO HOSPITAL OR ATTEN

VR A15 (4) 15M 9/59

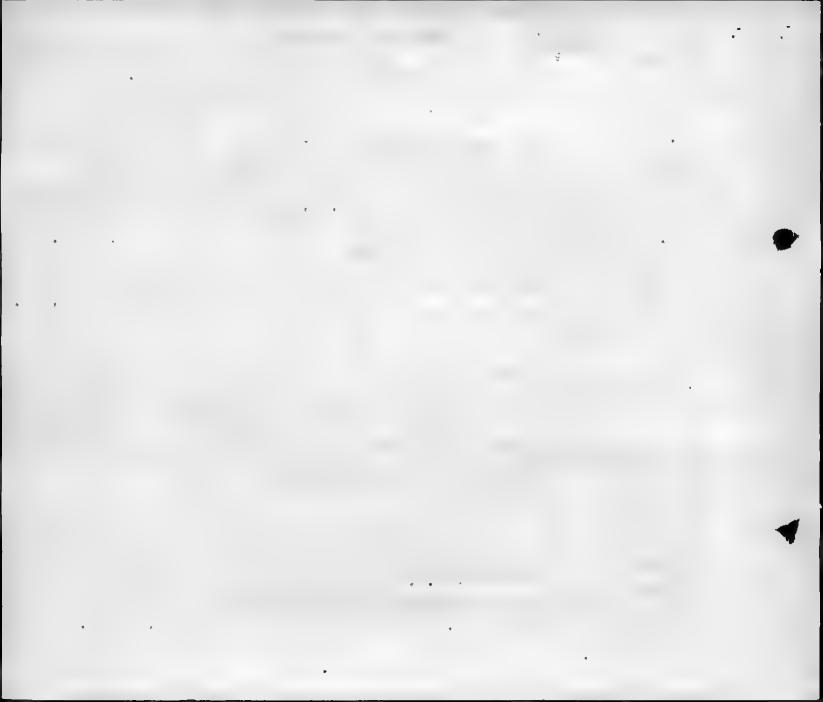


MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		2233	CE	RTIFICA	ATE OF D	DEATH			Reg. Dist. No	.034	122
1	1. PLACE OF DEATH 0. COUNTY Pri	nce George	S	MARYLAND	i o STATE	CENCE (WM	_	A STATE OF STREET	Pr. Ge		ion)
	b CITY OR TOWN (IF RURAL and give nee Ritchie	outside corporate limits, wri great town)	c length o			own (II o	·	limits, write RU	RAL and give ne	orest lowr	וי
	Pre- George	County Res			d STREET A	DDRESS				ON A	FARM?
	3. NAME OF DECEASED (Type or print)	Fost John		Middle sley	Fergu		4. DATE OF DEATH	Month Febr	_	-	Yeor 19 61
	s sex Male	6. COLOR OR RACE 7 A			s pate of BIRT	н 3, 18			FUNDER 1 YEA Months Doys	Hours	ER 24 HRS. Min
	during most of works Gen Farmi	N (Give kind of work doneing life, even if retired)	Own Fa			ACE (Stote o	. "	וץ	U.	S . A	
1	Elijah F	erguson			Vic		Richa	rdson			
)		IN U. S. ARMED FORCES? I yes, give wor or doles of service)	16. SOCIAL SECUR		rvey L	eon F	erguso	n Uppe		.bord	o, Mo
	PART I. DEAT Conditions, if on gove rise to ting to couse (a), storing to lying couse lost PART II OTH 200 ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour o. m., p. m. 21. I certify the calive on I ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	ER SIGNIFICANT COND TIO ER SIGNIFICANT COND TIO SUNDERVING DEPT 208 Month, Day, Year 20 19 at I attended the december 12 AUL C. Vani	Parters S Parters S	TO DEATH BUY TO DEATH BUY TO DEATH BUY TO CCURRENT FOR DEATH TO DEATH BUY TO COURSE TO DEATH BUY TO DEATH	ACCUTED accurred at	Home, form, s bldg., etc.)	20f (City or the 20f), from the	iden Urr if (lem 18) lown)	N IN PART 1(0) Lemman (County,	PERFO YES	AUTOPSY NO ET
1	220. BURIAL, CREMATION REMOVAL (Specify) BUP La I	2/28/61	Ft.	F CEMETERY O Lincol	r crematory n Ceme:	tery	Blade	neburg	. N	Id •	e)
	23 FUNERAL DIRECTOR'S Ritchie Br	os Funt 1 Ho	ome -Uppe	r Marl	boro,	DATE MA	BY REGISTRAR R 1 3 '61		THAT'S SIGNATU		

mited within 24 hours ofter death. Page 4 may be retained by 1M. Spital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician impletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remane carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remanal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate by m VS A15 (4) 15M 9/5S



24 FUNERAL DIRECTOR'S SIGNATURE

(12	210
on Residence befa	
CC. COC	ref town)
ve	e is residence on a farm? YES NO
onth Do	
	IF UNDER 24 HRS Hours Min.
12 CITIZEN O	FWHATCOUNTRY?
u	5-65
9 Dubous	SK ST
INT	ERVAL BETWEEN SET AND DEATH
BLANER	· Huknown
VEN IN PART 1(a)	PERFORMED?
(County)	(Stote)
1061 11	nat (I) (we) last
	e stated abave.
/ _	225 DATE S,GNED
	26-61

(State)

b...COUNTY

9. AGE (In years loss birthday)

23d. LOCATION (City, town, ar county)

250, REC'D BY REGISTRAR

DATE FEB 2 7 '61

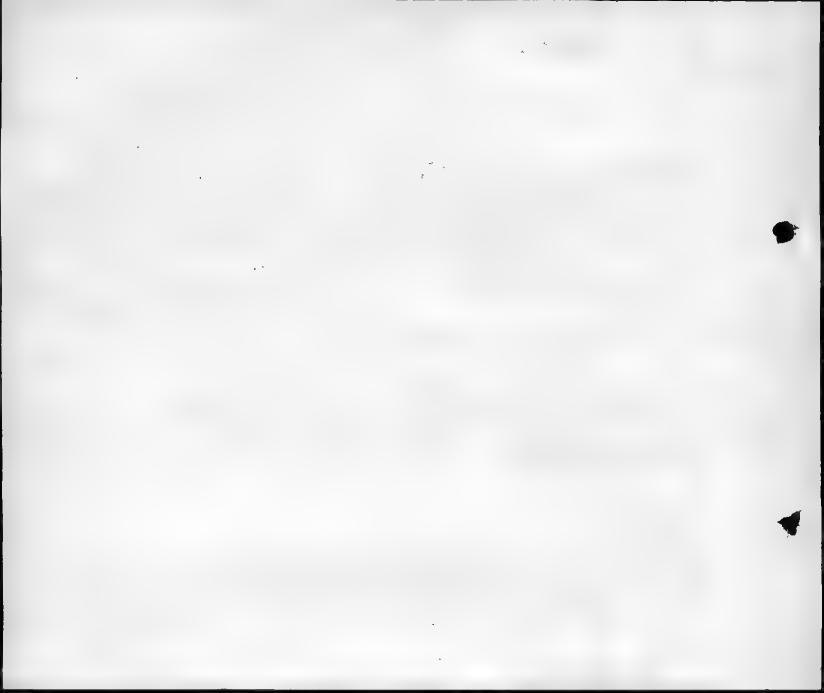
25b. REGISTRAR'S SIGNATURE

ading S. Kroug

DATE OF DEATH

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VS A15 (4) 15M 9/5B

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	ficate has been signed by the attending physician and campletely filled in by the funeral director,	the burial-transit permit. Then please remave carban papers. Pages I and 2 shaud be filed with	
	d in b	gug	
	ely filled	Poges 1	
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endir	Ficate	the b	5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2235

CERTIFICATE OF DEATH

Reg. Dist. No. (12211

	1. 1	LACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)
		COUNTY Prince George's MARYLAND	a. STATE Maryland b. COUNTY Prince George's
)		o. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
	G	lenn Dale, Md	Glenn Dale, Md.
		I, NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
		OK INSTITUTION	YES NOW
		NAME OF A First Middle	/ Last 4. DATE Manth Day Year
		Type or print: Charles Irving	Flory DEATH February 7, 1961
	5. 3	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9 AGE (In years of birthday) March 8 1876 9 AGE (In years Months Days Haurs Min.
	_	ale white WIDOWED DIVORCED	,,,,
	10a	USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDU	
\		during most of working life, even if ret red Church	Maryland U S A
1	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
/		Charles Flory	Margaret Cost
	15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	INFORMANT Address
		no Ma	urice Flory Seabrook Maryland.
		TB CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)-]	LAY & KIS LLT INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY: Delly a land	Confer for A H Alexan 3 -6 72
		331X DUE TO	
		Candilians, if any, which) A CAHEREVISE CO	130 - Rengaland 74002
		gave rise to immediate (
		cause (a), stating the <u>under-</u> lying cause last	
	Z	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL D SEASE CONDIT ON GIVEN IN PART 1(0) 19. WAS AUTOPSY
	CATION	Hyperteries Atterior stee	FOR THE PROPERTY YES NO
)	CERT SI	20a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter noture of injury in Port I ar Part II of Item 18)
	3	20c TIME OF INJURY Month, Doy, Year 20d, INJURY OCCURRED 20e, PL	ACE OF INJURY (Hame, farm, 20f (City at town) (Caunty) (State)
	MEDICAL	Haur o.m. While Nat while for mork of work	ctory, street, affice bldg., etc.)
	~		. 1960 to 2/7 196/ that I last saw the deceased
		21. I certify that I attended the deceased from NOV	
		alive an, 199, and that death	ADDRESS (Street, city or lown, state) ADDRESS (Street, city or lown, state) DATE SIGNED
		ACTUAL // STATE OF 10 57	13 E.D. D. a. Leville M. of 2 /2 /4
leli		SIGNATURE / - / - / - / - / - / - / - / - / - /	M.D
		PHYSICIAN'S H. James 1812	R F D Bowie, Maryland.
	22 0	BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or caunty) (State)
		Burial Feb 10, 1961 Fort Linco	oln Cemetery Colmar Manor, Md.
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
		F. Gasch's Sons Hyattsville, Md.	DATE FEB 1 0 '61 Corling S. Krans



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) idirector. Page for your files. e. COUNTY **b.** COUNTY Prince George County MARYLAND rince Georges Maryland Prince George
c. CITY OR TOWN (If outs'de corporate I mils, write RURAL and give neeres town) b. CITY OR TOWN (f oulside corporete limits, c. LENGTH OF STAY IN 16 we'le RURAL and a ve nearest town. Clinton 0. A. Cheverly d. NAME OF HOSPITAL OR INSTITUTION (if not in hospiter, give street address) d. STREET ADDRESS ŏ e. . S RESIDENCE ON A FARM? funeral retained | he State B Route #2, Box 415 Prince Georges General Hospital YES NO -NAME OF Middle DATE Month Year DECEASED OF He (Type or print) NORRIS CAMPBELL ROWLER DEATH February 61. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In yours | IF UNDER 1 YEAR B. DATE OF BIRTH IF UNDER 24 HRS. may 2 wiff PM3. Page 5, and 3 PM3. Page 5 may pages 1 and 2 with within 72 hours a last birthday) Months Male WIDOWED [DIVORCED July yes. 10s. USLAL OCCUPATION IGIVE kind of work 106 KIND OF BUSINESS OR INDUSTRY! 11. BIRTHPLACE (Slate or fore on country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1, 2 Office along with form PM3. Page done during most of working life, even if retired) U.S.A Lanham, Maryland Laborer General 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16, SOCIAL SECURITY NO. 17. INFORMANT Address Route 2 Box 415 (Yes, no, or unkown) (If yes give were redetes of service) r's Office along with for a burial-transit permit. Clinton, Maryland, Mrs. Gladys M. Fowler. IB. CAUSE OF DEATH [Enter only one cause per line for rel. (b), and (cla ONSET AND DEATH DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) DUE TO removal, Conditions, if any, which gave rise to immediate cause DUE TO (e), sleting the underlying cause last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1801 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, capmat NO I 200, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of Injury in Part I or Part II of item IB.) PRIMARY TO OF CONTRIBUTING TO 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While et work at work 21 I certify that I took charge of the remains described above, held an Autopsy ... Inspection 🔼, Inquiry A and in my opinion Suicide Homicide [Natural causes K Accident Undetermined manner death resulted from. DEPUTY MEDIC CHIEF MEDICAL EXAMINER [ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S February 9, 1961 BOYD, M. NAME (Type) Address (Street, city, town, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) REMOVAL (Specify) Lanham Meth Ch Cemetery ঠ Burial Lanham. g.40 24b. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR W. W. CHAMBERS CO. Riverdale, Maryland. 5M 7/59 Orthog S. House



DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

CEDTIEIC ATE OF DEATH

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256. REGISTRAR'S SIGNATURE
Ciriling S. Krous

250 REC'D BY REGISTRAR FEB 2 0 '61

DATE

	9995		CERTIF	ICA	IE OF L	ZAIN				To B.	<u>e</u> -	
1. PLACE OF DEATH COUNTY	George's		MARY	LAND		sidence (wi Mary Le		d lived. If inst b. COU		Residence befo Lnce -Ge		
Chever 15			c. LENGTH OF STAY 4 hou:	- 11		r town (If a		orate limits, wr	ite RURÀ	L and give ne	arest town	•
OR INSTITUTION	TAL (If not in hospito), g leorge s Ge		ddress)			t Off	ice :	Box 20)1		ON A	DENCE FARM? NO []
3. NAME OF DECEASED (Type or print)	Mary	-	ances			od Zier	4. DATE OF DEATH	Febru	Month 18 ry	13	-,	^{Year} 61
s sex Female	6. COLOR OR RACE White	7. MARRII WIDOWEI	DIVORCEI	_	7-6-32	RTH		9. AGE (In your lost birthdom) 28		onths Days	Hours	R 24 HRS. Min
10a. USUAL OCCUPATI during mast of wa Housew.	ON (Give kind of work it king ife, even if retired	done 10b. K	IND OF BUSINESS O	R INDUST		riace (Siote rgini		country)		12 CITIZEN O		OUNTRY?
13. FATHER'S NAME Samuel	Carter					rs MAIDEN F		Nicley			~	
35. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dotes of s		OCIAL SECURITY NO		by F	Fraz	ier	Wal	Address Ldor	f, Ma	ryla	nd
Canditions, if a gove rise to cause (a), stating lying cause tast. Part II. OT	immediate DUE TO CON)	ONTRIBUTING TO DE	ATH BUT N				*		on on	PERFO	DEATH
20a. ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY Hour o. m.	AS UNDERLYING COME CAUSE OF DEATH MEDICAL EXAMINER RY Month, Doy, Yes 19		Not while	20e. PLA	. (Enter nature CE OF INJUR' ary, street, aff	(Hame, form	, 20f (Cir	rt (1 of item 18 y ar tawn)	}	(County)	}	(State)
	ot (1) (this hospitol used olive on 2)			that de	ATTEND PHYS 22d. ADI	NG MO	ED RECTOR	the couses STAFF PHYS. on-Riv			e stoted 221	
23g BUR AL, CREMATIC REMOVA. (Specify RemoVal 24 FUNERAL DIRECTOR	2/16/6:	DF L	23c NAME OF CEMI	FTERY OR	CREMATORY		23d 1OCA	TION (City to	wa, ar co	ounty]	Vir _e	

may be retained by the howard or attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death PHYSICIAN: The law requires that the death certificate be exe TO HOSPITAL OR ATTEN VR A15 (4) 15M 9/59

11 d within 24 haurs after death. Page 4

the attending physician and completely filled in by the funeral director. Then please remove carbon papers. Pages 1 and 2 shauld be filed with



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY It death. If any delay is necessary, and 3 to the funeral director, Page is may be retained for your files. 2 with the State Board of Health, Prince George's Prince Georges County MARYLAND h CITY OR TOWN (f oulside corporate imits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs de corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) Riverdal e College Park * d. NAME Or HOSP TAL OR INSTITUTION (if not in hospital, a ve street address) a. IS RESIDENCE ON A FARM? Leland Memorial Hospital 104 D Street YES NO 📆 death. 3. NAME OF Middle DATE Year DECEASED OF RICHARD (Type or print) HART. GAHLE DEATH February 1961. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years LIF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) Male WIDOWED [DIVORCED On. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fore an country) I 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3. Page burial-transit permit. File pages 1 an done during most of working life, even if retirad) U.S.A. Maryland

14. MOTHER'S MAIDEN NAME Service Television Minerva Utz EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no. or unkown) I (If yet give war or dates of sarvice) Mrs Elizabeth Galle Same as # 2 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ,5 ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary insufficiency **DUE TO** Conditions, if env. which Arteriosclerotic heart disease (b) geva rise to immadiata causa **DUE TO** 38 (a), stating the underlying Examiner cousa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)1 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 lease execute the certificate, writing the word should be forwarded to the Chief Medical E NO T plnous 208. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I, of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stata) should be forwarded to the Chi FUNERAL DIRECTOR: Page factory, street, office bldg., atc.) While Not While at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry XI and in my opinion agent, death resulted from. Natural causes 🚽 Accident Suicide Homicide . Undetermined manner DEPUTY MEDICA CHIEF MEDICAL EXAMINER designaled ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED **SIGNATURE** DEPUTY MEDICAL EXAMINER EXAMINER'S. JAMES I. February NAME (Type) Address (Street, city, town, or county) 225. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) 22a. BÜRIAL, CREMATION. Burial Specif Fort Lincoln Cemetery Feb 25, 1961 g40 p 0 Colmar Manor, 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR (24b. REGISTRAR'S SIGNATURE VS. A15ME F. Gasch's Sons DATE PEB 2 7 '61 Hyattsville, Md. arthur & Kraus 5M 7/59

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MARYLAND	STATE	DEPARTMEN	T OF HE	ALTH
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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L			CERTI	ICAIL O	PEAIII		1161	
Ī	PLACE OF DEATH o. COUNTY TINCE	George 's Co.	MAR	YLAND 2. USUA o. STA	RESIDENCE (What Marylan	ere deceased lived. If instit d. b COUN	of on Residence b	before admission)
	B CITY OR TOWN RUSAL and give Silesi	(If autside corporate limits, wi nearest town) B.	to the stay		y or town (IF o lesia	utside corporole limits, write	RURAL and give	nearest town)
	8600- Riv	PITAL (If not in hospital give so er View Road S	reet oddress)		REET ADDRESS O- River	View Road S.	E.	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print)	Theodore	P. Middle		lost tes	4. DATE OF DEATH Feb.	18th	Day Year 19 61
S	Male	200 4 4	MARRIED ANEVER MARR	1421	17- 188	9. AGE (In year lost, birthdo)	Months Da	EAR IF UNDER 24 HR
10	during most of wi	TION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS O		Maryland	or foreign country)	12 CITIZEN	N OF WHAT COUNTRY
13.	Phillip	H. Gates			Annie Sp			
is.	. WAS DECEASEDE	VER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO		W. Gate		ddress	
		immediate DUE TO	Printer (0), (b), and (c) Provides Circh hosio Protection	Liver	to Chai	nie Passer	. Conga	INTERVAL BETWEEN ONSET AND DEATH TO THE
CERTIFICATION	200 ACCIDENT	OTHER SIGNIFICANT CONDITION OF THE PROPERTY O	by Sulan	etion 1	949	NAL DISEASE CONDITION (GIVEN IN PART 1(PERFORMED? YES NO
MED CAL		1 1g V	20d, INJURY OCCURRED While Not while t work at work		UURY (Home, farm I, affice bldg , etc.	20f. (City or town)	(Cou	enty) (Stot
			17 1961, and	that death ac	ENDING MIDI	M, fram the causes	and an the d	22b DATE SIGNE 3 - 18-61
23	BUR A. CREMAT	rion, 236 DATE THEREOF Feb. 21st		etery or cremate		23d LOCATION (City, fow Piscataway,		(Stote) d.
24	FUNERAL DIRECTO		1661ADDRESS 4 Washington	Hope Rd.	SE 250. REC	D OT NECTOTION	EGISTRAR'S SIGNI	



Division of STATISTICAL RESEARCH ECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND " (MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) For your files. Board of Health, e. COUNTY h. If ony defay is necessary, to the funeral director. Page a. STATE b. COUNTY Prince Georges County MARYLAND Pennsylvania

c. CITY OR TOWN (If outs de corporate I m is, write RURAL and give nearest town) b. CITY OR TOWN (if outs de corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) Lancaster Bowie d NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? retained te State B 615 North Duke Street Pa RR Spur to Bowie Racetrack NO F 3. NAME OF 4. DATE DECEASED OF FRANKLIN BENJAMIN GOOD (Type or print) DEATH February 2, 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH IF UNDER 24 HRS lest birthdey) Months ege 5 may 1 and 2 wi 72 hours Hours pue July Male WIDOWED [DIVORCED DE 10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

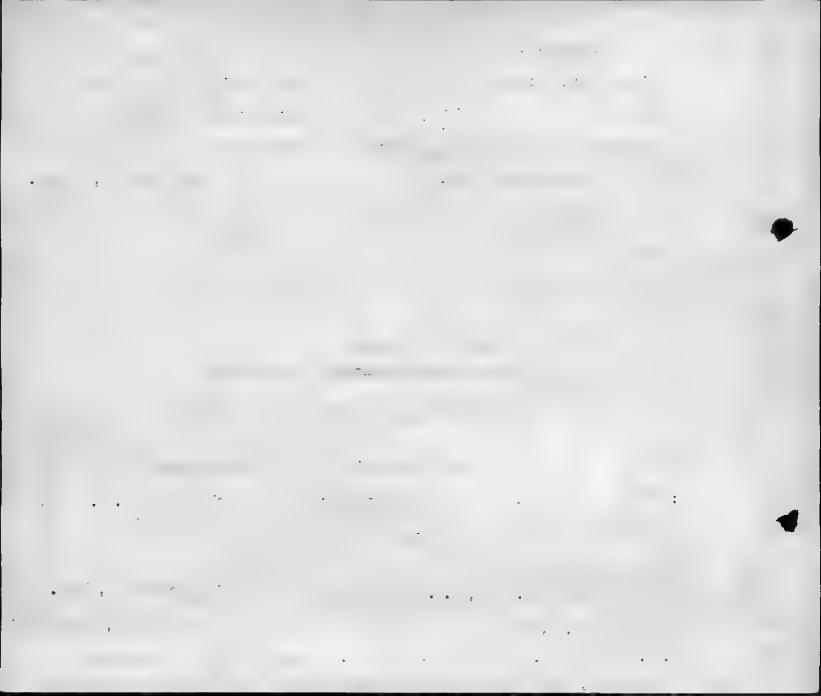
Home Life Ins. Co

11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? Lancaster, Pennsylvania Insurance Agent of America pages within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Florence Trissler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17 INFORMANT (Yes, no, or unkown) | (Ifyesgive werp r detes of service) Florence Trissler, 615 N. Duke St., Lancaster, Pa. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c), i INTERVAL RETWEEN ONSET AND DEATH IMMEDIATE CAUSE (6)___ Heno rrhage and shook **DUE TO** Conditions, flany, which Fracture of the skull geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO T pino 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I, of item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH Passenger in a train that ran off the track Month, Dey, Yeer | 20d. NJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c TIME OF INJURY (County) (State) @ fectory, street, office bldg., etc.) 61 While Not While the Pr Jerricho Park P. should be forwarded to the EUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X and in my opinion Accident X. Suicide death resulted from. Natural causes Homicide Undetermined manner DEPUTY MEDICAL CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S JAMES BOYD, M.D. NAME (Type) Address (Street, city, town, or county) 226 NAME OF CEMETERY OR CREMATORY 226. BURIAL, CREMATION, 225 DATE THEREOF 22d, LOCATION (City, town, or country) REMOVAL (Specify) O Burial Feb. 6, 1961 40 Pennsylvan 23. FUNERAL DIRECTOR 246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE VS. A15ME Cirlling S. Thomas W. W. CHAMBERS CO.. 5M 7/59 Riverdale

MARYLAND STATE DEPARTMENT OF HEALTH



BALTIMORE 1. MARYLAND Division of STATISTICAL RESEAR FOR STATE CERTIFICATE OF DEATH RÉALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad. If institution: Residence before admission) a. COUNTY files. Health, 3 to the funeral director. Page b. COUNTY Prince Georges County Pennsylvania MARYLAND Chester b. CITY OR TOWN (if outside corporata limits. c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and deep nearest town) for your write RURAL and give nearest town) Spring City Rowle Boar d. NAME OF HOSPITAL OR INSTITUTION (it not in hospital, give streat address) IS RESIDENCE ON A FARM? be retained to the State Batter of the death. Pa RR Spur on track to Bowie Racetrack YES NO TO NAME OF 4. DATE Month Day DECEASED OF (Type or print) BENJAMIN GRADY DEATH February Wilh 6 COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years HE UNDER 1 YEAR) IF UNDER 24 HRS may 2 last birthday) and White Male WIDOWED ! 10a. USLAL OCCUPATION (Give kind of work File pages 1 and 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stala or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) CONTRACTOR in pencil In Item 18, Give Pages Office along with form PM3. Pages AINT 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME DEMAMIN 16. SOCIAL SECURITY NO 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no or unkown) (If yas giva war or dates of service) 2A AMAZ 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN Office along burial-transit p 2. ONSET AND DEATH PART I. DEATH WAS CAUSED BY Hemorrhage and Shock IMMEDIATE CAUSE (a) DUE TO Severance of the head at the shoulders gava rise to immediata cause "pending" DUE TO (a), stating the undarlying Examiner SE causa last. cremation. PART I, OTHER S ON FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY PERFORMED? 200 lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be its designated agent, prior to burial, cremain NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of itam 18.) PRIMARY TO OF CONTRIBUTING XAMINER Passenger of a train that ran off the track 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year (County) (Stata) factory, street, office bldg., atc.) , Not While al work K Railroad train 19 61 Jerricho Park Mdat work 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection X, Inquiry A and in my opinion Suicide Homicide Undetermined manner Natural causes Accident | **MEPUTY MERICA** CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE EXAMINEDS February 2. 1961. BOYD, M.D. NAME (Tepa) Address (Streat, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stata) 228. BURIAL, CREMATION. 225. DATE THEREOF 22d. LOCATION (City, Jown, or country) REMOVAL (Specify) Parker Ford, Pennsylvania 940 p Feb. 6,196] Burial 24a. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ADDRESS VS. A15ME W. W. CHAMBERS CO. Riverdale, Maryland, Circher S. Hrank 5M 7/59 DATEFEB 8





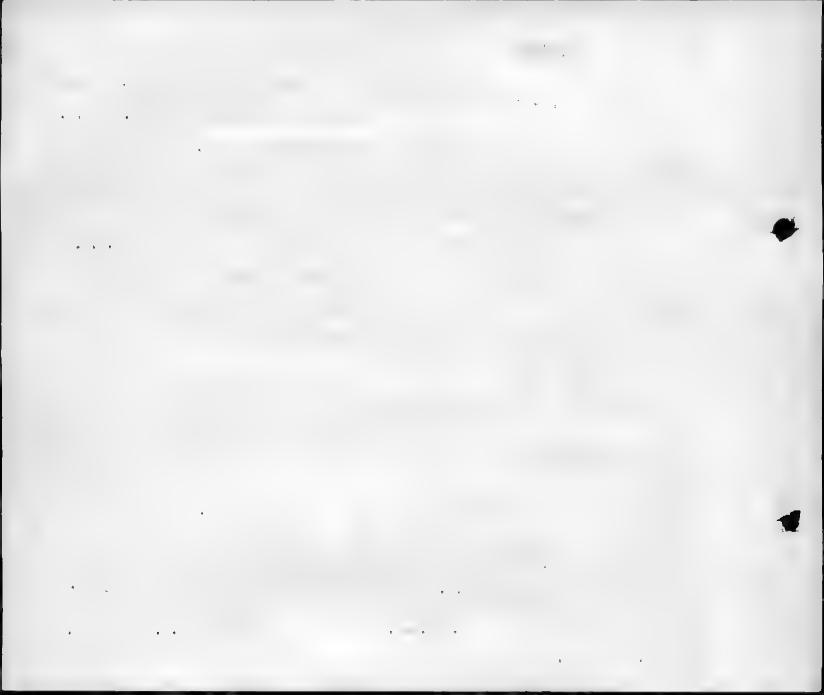
VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02219

77.3	Q				
1. PLACE OF DEATH o. COUNTY Frince George		2. USUAL RESIDENCE (WH		nstitution: Residence	before admission)
Frince George	MARYLAND	Maryla			Georges
b CITY OR TOWN (If outside corporate limits, wri		c. CITY OR TOWN (If a	utside corporate limits, s	write RURAL and giv	re nearest town)
RURAL and give nearest town) Chever Ly	22hr@ 27 Min	Dimont	Heights	(Wash a	27 D.C.
d. NAME OF HOSPITAL (If not in hospital, give str	eet address)	d. STREET ADDRESS	UGIETTA	1 Masira	e. IS RESIDENCE
Prince George's General	Hospital	1			ON A FARM? YES NO T
	· · · · · · · · · · · · · · · · · · ·	1/1/2/1 Camp	bell Dr.		1152 140
3 NAME OF First	Middle	Last	4. DATE OF	Month February	Day 3 Year 1
(Type or print) Baby	Boy	Greer	DEATH	Lepi dar 3	19 PT
S SEX 6 COLOR OR RACE 7 M	ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In	7 1	YEAR IF UNDER 24 HRS.
Plale	OWED DIVORCED	2/12/61 - 9:	48PM last birth	yrs Months D	Poys Hours Min.
Toa. USUAL OCCUPATION (Give kind of wark done)	IDS KIND OF BUSINESS OR INDU	STRY 11 BIRTHPLACE (State	or fore an country)		EN OF WHAT COUNTRY?
during most of working life, even if retired)					
None	None	Maryland		U	S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		
William M Gree	ייני	Minme	Gross		
IS WAS DECEASED EVER IN U.S. ARMED FORCES?		NFORMANT		Address	
(Yes, no, or unknown) (If yes, give war or dates of service)	None	Madelman			
	None	Mother	Same	-	INTERVAL BETWEEN
18 CAUSE OF DEATH [Enter only one couse per PART † DEATH WAS CAUSED BY:					ONSET AND DEATH
MMEDIATE CAUSE (0)	Bilateral Atel	ectis es			1
762.0 DUE TO					
Conditions, if any, which) (b)					
gove rise to immediate					
couse (b), staring the under-					
, 101	NE CONTRIBUTING TO DEATH BUT	T NICT DELATED TO THE TERM	NIAL DISEASE COMOUTIC	TO A DE LA CANTENA DE LA DEL	I/AL TO WAS ALTOPSY
E TANTAL OTHER SIGNAL CONDITION	NO CONTRIBUTINO TO DEATH BO	I HOT KEDNED TO THE TERMI	MAL DISEASE CONDING	AN OTTER IN I AKI	PERFORMED?
					YES NO
☐ OR CONTRIBUTING ☐ CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRE	D, (Enter nature of injury in I	Part I or Part II of item	IR')	
1 2 1	f.	ACE OF INJURY (Hame, form	, 20f. (City or town)	(Co	unty) (State)
Hour a.m.	hile Not while to	ctory, street, affice bldg , etc	1		
ž p. m. 17 ot		Feb 12	ol Feb. 1	3 6	1
27 I certify that (I) (this haspital) att	ended the deceased fram.	1Q	to	., 19	🗇 that (I) (we) last
saw the deceased alive an Feb	13 19 61, and that	death accurred at 1	M, from the caus	es and an the	date stated above
220 S GNATURE				-	22b DATE
- reluce //en	RUS	M.D. PHYS DI	ED. STAFF RECTOR D PHYS. [7	SIGNED
22c PHYSIZIAN'S		22d Annesss			
Native (Type) Dr John Perk	ins M.D.	5301 Ham	ilton St, Hy	attsville	Ma.
23a BURIAL, CREMATION, 23b DATE THEREOF	23c NAME OF CEMETERY C	DR CREMATORY	23d LOCATION (City,	town, or county)	(State)
Cremation 2/28/61	Pr.Geo.Gen.H	ospike]	Cheverly.	P. G. Count	v. Md.
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	25n 0EC'	D BY DEGISTRAD 25h	REGISTRAR'S SIGN	
HARRY W. PENN, ADM	(1) (2)	DATEMA	R 7 '61	- 1 2 4	rank
HARLE W. FEARN, RUPLE	yeu war	DATE"			



1	X-			MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND		
1	2			9943 CERTIFICATE OF DEATH	02227	
Page director	Agree - S	*****	1 F	ACCOUNTY Prince George 2 USUAL RESIDENCE (Where deceased I ved. If institution Respondence of the county of the	ridence before admission)	
eral or fi	1		ŀ	Prince George CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL or RURAL or give reported town)		
fun suld	1	/		Chewerly 3 Days Colmar Manor	AC DECIDENCE	
ors office by the d 2 she	C'	17	Ĺ	H. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince George General Hospital 3310 LiOth Ave.	e. IS RESIDENCE ON A FARM? YES NO	
4 ha		off		NAME OF First Middle Last 4. DATE Month OF OF	Day Year	
fille fille	eoth T		_	Type or print) Figure J Gundersheimer DEATH Feb. 9	DER 1 YEAR IF UNDER 24 HRS	
d with pletely irs. Pa	offer d		5. S	Male 6. COLOR OF RACE 7 MARRIED NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years lost b ribday) Mani		
execution pope	hours			BUS DRIVER GREYLINE WASHINGTON, D.C.	U.S.A.	
ate b ician e car	within 72	$\widehat{\mathbf{I}}$	T)	13 -	ENRY GUNDERSHEIMER UNKNOWN	
certific g phys	ovent, v		15. ,Yes	WAS DECEASED EVER IN U. 5 ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address PLAN S. GUNDERSHELL	MER LAS ABOU	
attending please	, and			10. CAUSE OF DEATH [Enter only one couse per tine for (a) (b) and (c).] PART I DEATH WAS CAUSED BY: NAMED LATE CAUSE OF 12 AUGUST A GIVEN A	INTERVAL BETWEEN ONSET AND DEATH	
that the by the t. Ther	al, and			Conditions, if ony, which)	es 3 duy,	
equires n. signed it permi	remove			gave rise to immediate cause (o) stoting the under- lying couse lost. (b) DUE TO Constant its, to immediate (b) DUE TO (c) Constant its, to immediate (b) (b) DUE TO Constant its, to immediate (b) (c)		
hysicia s been il-trans	ion, o		CATION	PART II OTHER SIGN F.CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO S	
AN: The nding p cate ha	, crema	Street, and the	CERTIFIC	200 ACCIDENT WAS UNDERLYING [] 206 DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 1 of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	11302 1100	
PHYSICIA of or othe this certifi	ta burial		MEDICAL	20c. TIME OF INJURY Month, Doy, Year Haur o.m., p. m. 19 20d. INJURY OCCURRED While of wark of twark o	(County) (Stote)	
After ched for	Prior			21 1 certify that (I) (this hospital) attended the deceased fram. 1957, ta Feb. 9, 1 saw the deceased alive an 1961 and that death accurred at 125300R Mescauses and an	19.61, that (I) (we) last the date stated above	
d by the	af Heo	1		220. S. GHATURE CONTROL KOULI STAFF DIRECTOR DIR	Feb. 1046]	
retained tAL DIRI	Board			Physician's Name (Type) Dr. Barry Rosenberg, M.D. 22d. Address 1210 Chillum Manor West Hyattsville, Mc	Road,	
O HOSPII may be r O FUNER, page 3 sl	the State		23a	BUR A. CREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or coursemony) 2/3//96 MT. OLIVET CEM. VASHINGT	ON, D.C	
VR A15 [4] 15M 9/59			24)	Talling's Fundral Home Pence Maryland DATEFEB 1 4'61 archy	S SIGNATURE	



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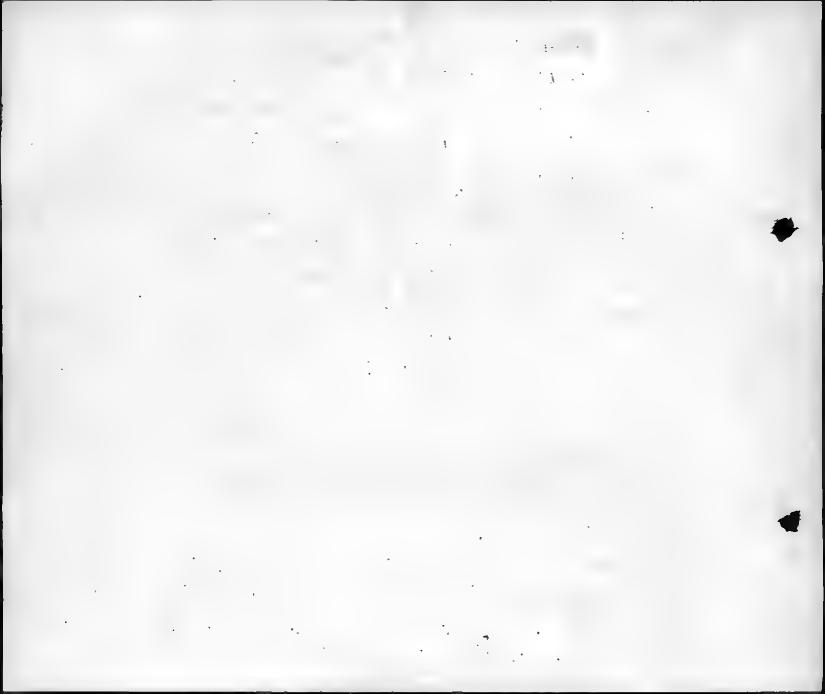
246 AEGISTRAR'S SIGNATURE

arthur & How

24a Æ

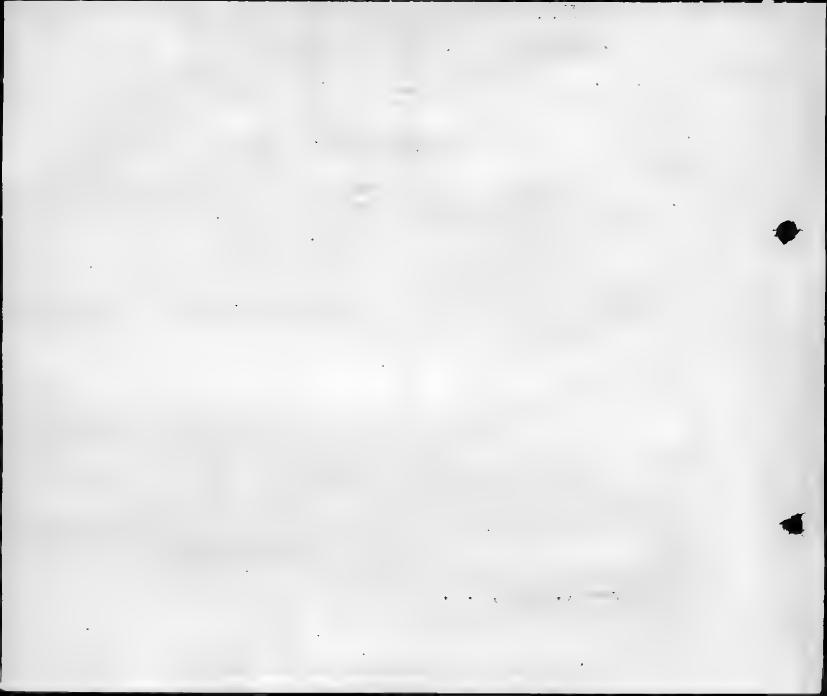
'D BY REGISTRAR

A POSPIT NO HOSPIT NO HOSP



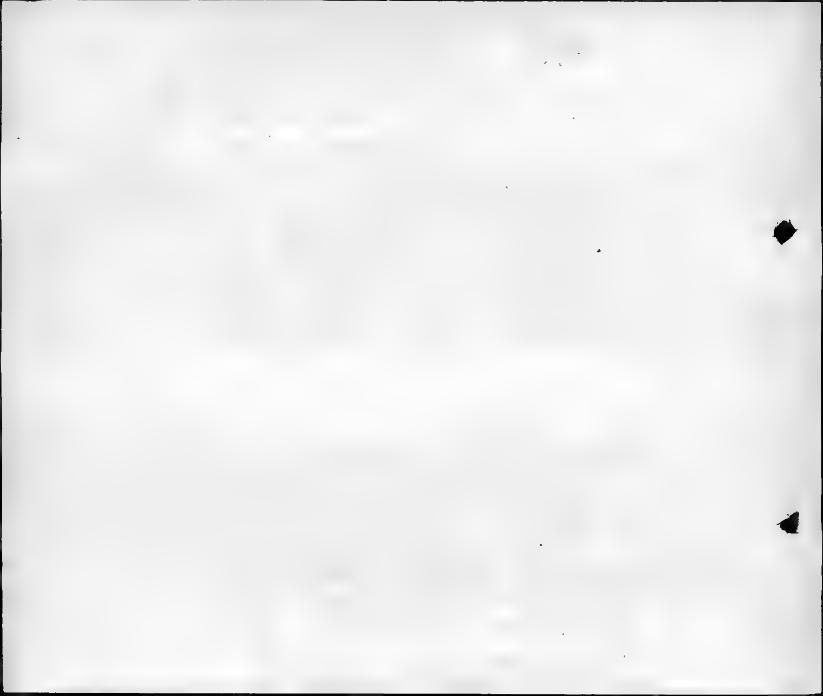
CERTIFICATE OF DEATH Reg. Dist. No. filed with director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY **b.** COUNTY MARYLAND the funeral shauld be fit b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSPITAL (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? YES NO P NAME OF 4. DATE First Middle Year DECEASED OF (Type or print) 196 within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9 AGE (In years lost birthday) 5. SEX IF UNDER THEAR IF UNDER 24 HRS 8 DATE OF BIRTH pletel Months DIVORCED [WIDOWED 1 popers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? eath. 100 13. FATHER S NAME ofter 14 MOTHER'S MAIDEN NAME 17. INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. CAUSE OF DEATH [Enter only one couse per line for lo), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work p. m. 21. I certify that I attended the deceased from Ask ..that I last saw the deceased shavid be detoched and that death occurred at 4. 201 M, from the causes and on the date stated above. õ SIGNATUR PHYSICIAN'S FUNERAL James C. Cawood. NAME (Type) 225 DATE THEREOF BURIAL, CREMATION, 22c 22d LOCATION (City, town, or county) NAME OF CEMETERY OR CREMATORY (State) 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. READ BY REGISTRAR 245. REGISTRAR'S SIGNATURE arthur & First VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VR A15 (4) 15M 9759

2947 CERTIFICATE OF DEATH	
1. PLACE OF DEATH o. COUNTY PRINCE YEARGES MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a. STATE b. COUNTY. Phuse Herste
b. CITY OR TOWN (If outside carparaterismits, write RURAL and give nearest tayn) Reverable Aday	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest flown) Mt. Rawer
d NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION LEIAND Memberial Hosp	d STREET ADDRESS 4222 - 34 M. SRESIDENCE ON A FARM? YES \(\) NO [A]
3. NAME OF DECEASED (Type or print) Hodi E MAY HAROY	Lost 4. DATE Month Day car OF DEATH Jeh, 10 '961
S. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (in years F UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDIduring most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or Foreign country) 12. CITIZEN OF WHAT COUNTRY? Maruland U.S.A.
F. Washington Musbaum	14. MOTHER'S MAJDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	JARANCHOOLS INTERVAL BETWEEN ONSET AND DEATH & WILLIAM
Conditions, if any, which gove rise to immediate (b). Orthro Occurate Grant Gr	
cause (a), stating the <u>under:</u> tying cause last. (c)	
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO.	
20a ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20c. P Hour a m White of wark of wark of wark	LACE OF INJURY (Home, farm 20f. (City ar tawn) (Caunty) (Stote) actory, street, office bldg., etc.)
27 I certify that (I) (this hospital) attended the deceased fram. [1972], ta FUC	
220. SIGNATURE 100 Malein	M.D. ATTENDING MED. STAFF SIGNED PHYS. ATTENDING MED. STAFF SIGNED
22c PHYSICIAN'S NAME (Type) / MZ/1/MZ 22d ADDRESS	
230 BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY of Burial 3/14/1961 Glade le	metery M. Walkersville mg
J. C. Barton Walkerswille.	250. REC'D'BY REGISTRAR 256. REGISTRAR'S SIGNATURE Outlier S. Hand



TO HOSPITAL OR ATTENZAL'S PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death; Page 4 may be retained by the plate or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician on pletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar peior to burial, cremation, ar removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2248 CERTIFICATE OF DEATH

Reg. Dist. No. (12225)

Πŀ			
I	1. PLACE OF DEATH O. COUNTY PRINCE CIEORCEMANIAND	2. USUAL RESIDENCE (Where deceased lived. If institution; Residence o STATE b. COUNTY	before admission)
I	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	e negresi fown)
١	RURAL and give nearest town) HYATTSVILLE	52H YATTSVILLE	·
١	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d STREET ADDRESS	e. 15 RESIDENCE ON A FARM?
	620- SHERIDAN STREET	620 SHERIDAN STREE	YES NO E
ł	3. NAME OF DECEASED RED TO BEAT DIE	HARRIS DEATH FER &	Doy Yeor
ł	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED		19 OF 19 YEAR IF UNDER 24 HRS
	F WIDOWED DIVORCED	I look bright and	oys Hours Min.
ľ	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		EN OF WHAT COUNTRY
	HOUSEWIFE	LONDON, ENGLAND (JSA.
Y	MORRIS ROSENBLOOM	ANNA FRIEDHAN	
1	15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. I	NFORMANT Address	
	(Yes, no. or unknown) (W yes, give wer or derive of service) 083-01-28108 [],	AVID HARRIS HYATTSVILLE	, MO
ľ	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) HEART FAILUR	RE	2 WEEKS.
	THE DUE TO DUE TO DESCRIPT	POTIC HEART DISEASE	3 VEARS
ı	gove rise to immediate (TOTIC PICHET QUISCASE	U JEARS
	couse (o), storing the under- lying couse lost. (c)		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19. WAS AUTOPSY PERFORMED?
ı	20- ACCIDENT WAS INDESIGNED TO 120 DESCRIPTION OF THE PROPERTY	D. If a second of the 10 to 10	YES NO S
ı	OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of Item 18)	
Ì	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED To PL Hour e. m. 19 of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (Co-clary, street, office bldg, etc.)	unly) (Stote)
١			
١	21. I certify that I attended the deceased fram. JAIV	, 1942, to FER 8 , 1901, that I la	
ı	alive an 1961, and that death	occurred at 41224/M, from the causes and an the	date stated abave
ı	SIGNATURE SQUILLE & M Lugar	MO 4300 KAYNOOD DRIVE	2/8/61
	PHYSICIAN'S SAMUEL J. N. SUGAR.	MT PAINIEP MS)
I	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	DR-CREMATORY 22d LOCATION (City, town, or county)	(Stole)
	REMOVAT (Specify)	EMORIAL GARDEN FALLS CHUR	1 1 1 1 1 1
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	C + A/IA 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGN	IATURE
Į	B.DANZANSKY +SONS 3501-1412	DATE FEB 1 4 '61 Contlant &	4-

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence perfore admission) Frince George filed Waryland b COUNTRINCE George MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Palmer Park Days Cheverly d NAME OF HOSPITAL (If not in hospital give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM 8210 Sherrill Street Prince George's General Hospital 25 YES NO ond Ē NAME OF First Middle 4. DATE filled DECEASED 61 Pages 1 February D. Harvev Joan death. (Type or print) DEATH 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED B. DATE OF BIRTH los pirthdoy) Months Days Hours mplet White DIVORCED | WIDOWED [Female yes papers Ġ 10o. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 72 haurs U.S.A. Food-Checker-A & P. gug Food Business ENGLAND carban 14, MOTHER'S MAIDEN NAME 13. FATHER'S NAME physician .⊑ with remove ARMED FORCES? 17 INFORMANT Palmer Pk, Md. 16 SOCIAL SECURITY NO event George W. Harvey, Jr. 8210-Sherrill ottending | ease CAUSE OF DEATH [Enter only one cause persigne for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH <u>a</u> DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 두 DUE TO ģ Conditions, if ony, which gned (6) gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. **burial-transit** CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY crematian, PERFORMED? has 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 200 ACCIDENT WAS UNDERLYING [7] certificate OR CONTRIBUTING CAUSE OF DEATH The H В MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month. Doy, Yeor 20d INJURY OCCURRED (County) (Stote) مّ factory, street, office bldg., etc.) o. m While Not while of work ot work p m. 61 , 19. ..., that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased fram. , to 7F4M, fram the causes and on the date stated above 19 OT may be retained by the PEUNERAL DIRECTOR: A page 3 should be detacht Health saw the deceased alive an and that death accurred at detach 22o SIGNATUR 22b DATE SIGNED ATTENDING 6 M D DIREC Board 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) page 3 sh the State 220 BURIAL, CREMATION DREMOVAL (Specify) O 2Sb. REGISTRAR'S FUNERAL DIRECTOR'S SIGNAL **ADDRESS** 25a, REC'D BY REGISTRAR VR A15 (4) 1SM 9/\$9

within 24 hours after death. Page

that the death certificate be

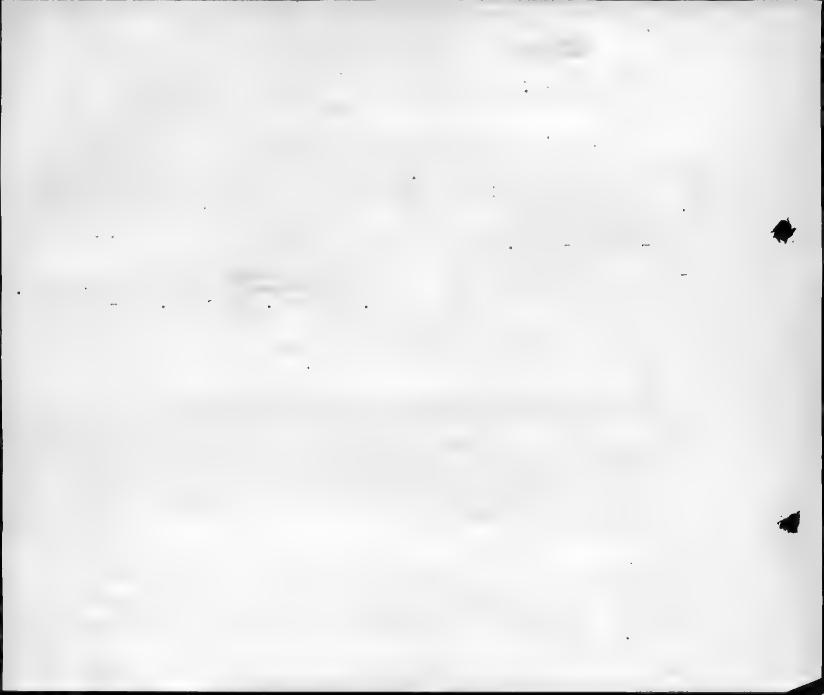
physician

ottending

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HOSPITAL OR ATTEN

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VR A1S (4) 1SM 9/SII

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

20:0

PLACE OF DEATH		2. USUAL RESIDENCE (W	there deceased Lived. If in	stitutian Residence befo	re odmission)
6. COUNTY	MARYLAND	a. STATE	b. COI	JNTY .	·
Prince George b CITY OR TOWN (If outside carparate limits, write	c. LENGTH OF STAY IN 16	Md.		Prince Ge	
RURAL and give neorest town)		c. CITI OR IDWIN (IF	outside carporate limits, w	Life KOKWE and Bive He	aresi rown)
Cheverly	Day 1 1/2	Greenbel	t	6/	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	t oddress)	d. STREET ADDRESS			e IS RESIDENCE ON A FARM?
· Prince George Genera	1	5h B Cres	cent		YES NO
3. NAME OF First	Middle	Lost	4. DATE	Month Do	y Yeor
(Type or print) James	н.	Herbert	OF DEATH T	'eb 23	1961
	RRIED NEVER MARRIED	8. DATE OF BIRTH		rears IF UNDER 1 YEAR	and their
Windy			last birtho	joy) Months Days	Haurs Min
rial 6		2-17-04	157	yrs.	F 14414 7 CO III 17010
100 USUA, OCCUPATION (Give kind of work done 10kg of working life, even if retired)	KIND OF BUZINESS OK INDO	SIKT IT BIKIMPLACE (SIOT	or foreign country]	IZ.CITIZEN O	F WHAT COUNTRY?
KUEBER GARA		יע		40	-4.
13 FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	1	•
ERNEST HERA	ERT	LILLIAN	Y HAKE	ISON	
	SOCIAL SECURITY NO 17. II	NFORMANT		Address	
(Yes, no, or unknown) (If yes, give wor or dotes of service)	A/DNE	tucke,			
18. CAUSE OF DEATH [Enter only one cause per	line for sale (8) and (c) 1		1	LINIT	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	and tor to to to		L. 110 0		SET AND DEATH
IMMEDIATE CAUSE (o)	- Cup y	ema	lef h	e Co	
DUE TO	12 0	1	1 - 0		
Canditians, if any, which (b)	102m	cho Ch	nce c	es elus	<u> </u>
gove rise to immediate Couse (a), stating the under-		0			
lying cause last.					
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE CONDITIO	N GIVEN IN PART 1(a)	19 WAS AUTOPSY
PART 11. OTHER SIGNIFICANT CONDITIONS					PERFORMEDA YES Z NO
200 ACCIDENT WAS UNDERLYING TI 206, DE	SCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in	Port I or Part II of item 1	3.)	100 20 110 2
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
	INTERNATIONAL TOOL OF	ACC OF INTHIBY OF THE	- Look very	100 . 1	10
A Hour a.m. While		ACE OF INJURY (Home, far ctory, street, office bldg , et	m, 201. (City of fown)	(County)	(State)
₹ p. m. 19 at we	ork at work				
21. I certify that (I) (this haspital) atten	ded the deceased fram.	Clore 1 19	060 to 22	1961.11	nat (I) (we) last
saw the deceased alive an 22	- 19 // and that	death accurred at			
270 SIGNATURE	2	10	111, 11 311 1110 00000	o dila dii ilic dale	_ 22b.DATE
11/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	1. m	ATTENDING PHYS	AED. STAFF PHYS	237	SIGNED
22c PHYSICIAN'S		22d. ADDRESS	IKECTOK [] 11113 [# J W	25-1761
NAME (Type) Dr. H. David	Kerr /				
230 BUR A. C. SAROS I, 23b. DATE THEREO	23c JAME OF CEMETERY C	R CREMATORY	230 TOCATION IC IY	or county)	(State)
440/61	THE WAY ELLE	sundin	TRUBEL 34	DRAC.	
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2So REC	D BY REGISTRAR 2Sb	REGISTRAP S SIGNATU	RF
Mallingles Furenet for	c/31-1126.	SE DATE F	EB 2 8 '61	Chilling S. Kin	u.a

Retailsont: D.C. U.S.G.

ERNEST HERBERT Lillian HARRISEN

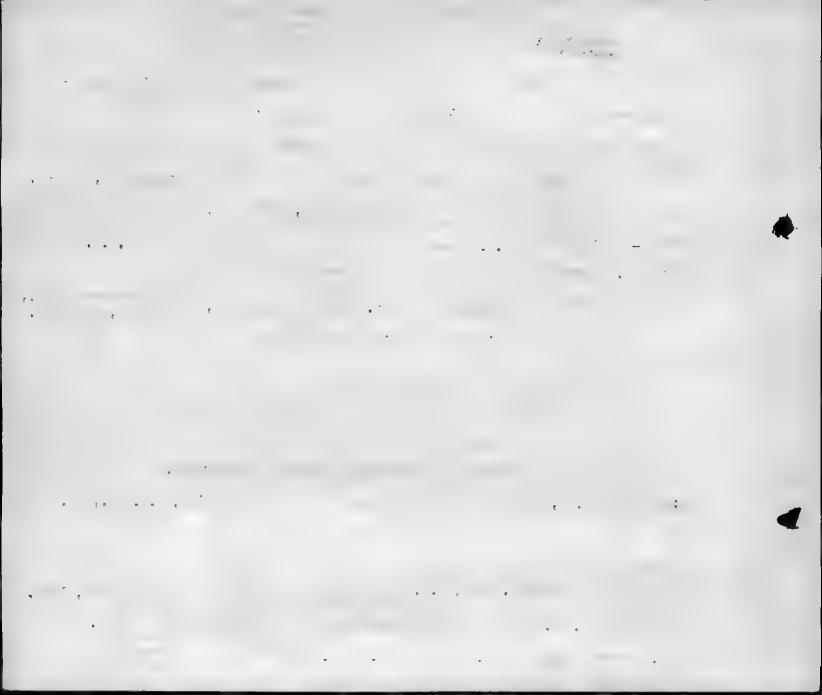
ON C. U.S.G.

Lillian HARRISEN

ON C. U.S.G.

2/25/61 Mayallhabington Prince Hange

MARYLAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) e. COUNTY 3 to the funeral director, Page files. ¥est‡ a. STATE is necessary, Prince Georges County MARYLAND Maryland Prince Georges
c CITY OR TOWN (If outside corporate limits, write RURAL and give marest town) Prince Georges b. CITY OR TOWN (f outside corporata I mils, c. LENGTH OF STAY IN 16 be retained for your h the State Board of write RURAL and give neerest town) Brandywine 4 Years Brandywine d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) a. IS RESIDENCE ON A FARM? Rural YES TO NO deeth. 3. NAME OF F rst M ddla 4. DATE Month DECEASED OF (Type or print) HOLE DEATH MADGE AUGUSTA February 61. 19 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS may 2 wiit Page 5 may and 2 will and 2 will 72 hours a (est birthday) pue Months: Hours Female White WIDOWED.X DIVORCED August. IDa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona-during-most of working life, even if ratifed) U.S.A. New York U.S. Census pages willin Clerk - Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Augusta Cole Charles 5. Shoemaker s Office along with form P a burial-transit permit, File smovel, and in any event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 6 Petercooper Rd., (Yes, no, or unkown). (Ifyasgiyawarordatasofserv ca) Mrs. Dorothy Stephenson. . New York, New York, 18. CAUSE OF DEATH [Enter only one cause par line for (a,, (b), and (c),] ONSET AND DEATH DEATH WAS CAUSED BY: Universal Charring burns of Body IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which (b) gava rise to immadiata ceuse "pending" sate macute the certificate, writing the word "pending" should be forwarded to the Chief Medical Examiner's PUNERAL DIRECTOR: Page 3 should be used as a its designated agent, prior to burial, cremation, or ren **DUE TO** (a), stating the undarlying causa last. PART II. OTHER S.GNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO 🖫 2Da. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enfar nature of Injury in Part I or Part II of itam ib.) PRIMARY TO OF CONTRIBUTING Occupant of house that burned to the ground. 20c. TIME OF INJURY Month, Day, Yaar 2Dd. TNJURY OCCURRED , 20a, PLACE OF INJURY (Homa, farm, 20f. (City or lown) (County) (Stata) factory, streat, office bldg., atc.) While Not While at work at work 🏋 Brandywine. 19 6] Home 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection X. Inquiry X. and in my opinion death resulted from. Natural causes Accident Y Suicide | Homicide | Undetermined manner DEPUTY MEDICA CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 🔲 DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER February 11. NAME (Typa) Address (Street, ety, town, or county) 22ª BURIAL CREMATION Z2b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Washington Cremation Crematory 40 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE FEB 1 4 '61 VS. ⊞15 ME anthun S. the Lee. Funeral Home. 300. 4th st N E. Wash. DATE 5M 7/59



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

9959

	1. [PLACE OF DEATH						USUAL RESIDEN	ICE (Whe	ere decease	d lived If instituti		e before	admission)
\	`		rinceGeorge	3.		MARYL	AND	d. JIAIL	Mar	vland	b COUNTY	Prince	Cor	mae
	ŀ		f outside corporate limit		c. LENGT	H OF STAY II	V 16	c. CITY OR TOV			orate limits, write F	URAL and g	IVE DEGI	est town)
-		Che	verly		2	days		Δ		nham				
		d NAME OF HOSP T OR INSTITUTION	AL (If not in hospital, g	ive street	address)			d STREET ADD	RESS					IS RESIDENCE ON A FARM?
			a Georges	lene	ral Ho	spital			Bo	x_367				YES NO
	- 1	NAME OF DECEASED	Fire			Middle		Lost		4. DATE OF	Mai	rêly.	Day	Year
		(Type or print)	Elizabet	1			-	ckson		DEATH		eb	6	19 61
	5. S	SEX	6. COLOR OR RACE	7 MAR	RIED 🔝 NE	VER MARRIEC	B.	DATE OF BIRTH			9 AGE (In years lost birthday)			Hours Min.
		Female	Black	WIDOW	Name of Street	DIVORCED		7 April	192	2	38 yrs.			
	10o.	. USUAL OCCUPATIO during most of work	N (Give kind of work of ing life, even if retired)	one 10b.	. KIND OF E	BUSINESS OR	INDUSTR		•			12. CITIZ	EN OF V	VHAT COUNTRY?
			lousewife					Wash	ning	ton.	_D.C		L.S.	Α.
	13	FATHER S NAME	Un alal arr					MOTHER'S MA						
		Chartes	Hackley					Mable	bro	WIL				
-)	15	WAS DECEASED EVE	R IN U S ARMED FOR		SOCIAL SE	CURITY NO.	17. INFC	RMANT			Add	Iress		
	{Ves.	r ua M Quevanul	If yes, give war or dates of se	rvice)			G	eorge J	Tack	son	-Lanham	, Md.		
		18. CAUSE OF DEA	TH Enter on y one co	se per l	ine for (a), (b) and (c) 1				_			LINTER	VAL BETWEEN
		ONSET AND DEATH												
		IMMEDIATE CAUSE (a) CONTILUENT Bronchopneumonia												
		D D DUE TO Gastro-intestinal hemorrhage 48 hours												
		Conditions, if o		Esc	ophage	al Var	<u>icos</u>	ities						unknown
		gave rise to it cause (a), stating		Cir	rrhosi	s of t	he L	iver						unknown
		lying cause last) (c)										<u> </u>	<u> </u>
	FICATION	PART II OTH	IER SIGNIF CANT CON	DITIONS	CONTRIBUT	ING TO DEAT	TH BUT NO	OT RELATED TO TH	IE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PART		WAS AUTOPSY PERFORMED?
	₹ I													YES 🔼 NO
•	CERT	OR CONTRIBUTING	S UNDERLYING D	20b. DES	SCRIBE HOW	/ INJURY OC	CURRED	Enter noture of in	ijury in P	art I or Por	t II af item 18 }			
			MEDICAL EXAMINER)											
	MEDICAL	20c TIME OF INJUR	Y Month, Doy Yes		INJURY OCC		Oe PLACI	OF INJURY (Harry, street, affice bl	ne, farm	20f. (Cit)	y or tawn)	(C	ounty)	(Stote)
	MEC	p. m.	19	White of wa	e Nat√ rk □ of wa			,,,	agi, air j	1				
		21 Learning the	t (I) (this haspital	Latten	dad tha c	locoprod f	.am		10	. to	***	10	the	t (I) (we) last
		saw the deceas		, unien	19			al			the causes ar			
		220. SIGNATURE	ed alive an			and t	nar dec	ith accurred c	J-1237	MOT TROM	the causes ar	id an the	date s	22b DATE
		220. SIGINATURE	12 1 2	1 C	//	7116	/	ATTENDING	_, ME	D _	STAFF PHYS			SIGNED
		22c. PHYSICIAN'S	ecpin y	190	un ,	NUN	MI	22d. ADDRESS	_} DIR	ECTOR .	PHYS L			
		NAME (Type)	Leon L. C	all	in			220. ADDRESS						
			ncon n. c	IGILL	. 1.11									
	23 o	BURIAL, CREMATIO	N, 23b. DATE THEREO	F	23c NAM	ME OF CEMET	ERY OR C	REMATORY		23d LOCA	TION (City, town,	ar county)		(Stote)
		Burial Burial			L##	Linco	oln	Memoria	1	Suit		Md.		
	24	FUNERAL/BIRECON	SIGNATURE S	Elen	IN ADDI	RESS	11	1 100 25	ia. REC'D	BY REGIS	TRAR 256. REGI	ISTRAR'S SIG	MATURE	
		Kot Lin	3 Yeurs	ZX	Forme 4	1359	Her	V ()7' D.	ATE F	ER 1 4	'61	7 U -	0 10	
1		1 x x 2 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x 3 x		7		-	4-9	712	7			47.1347	t. This	west .



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 9953

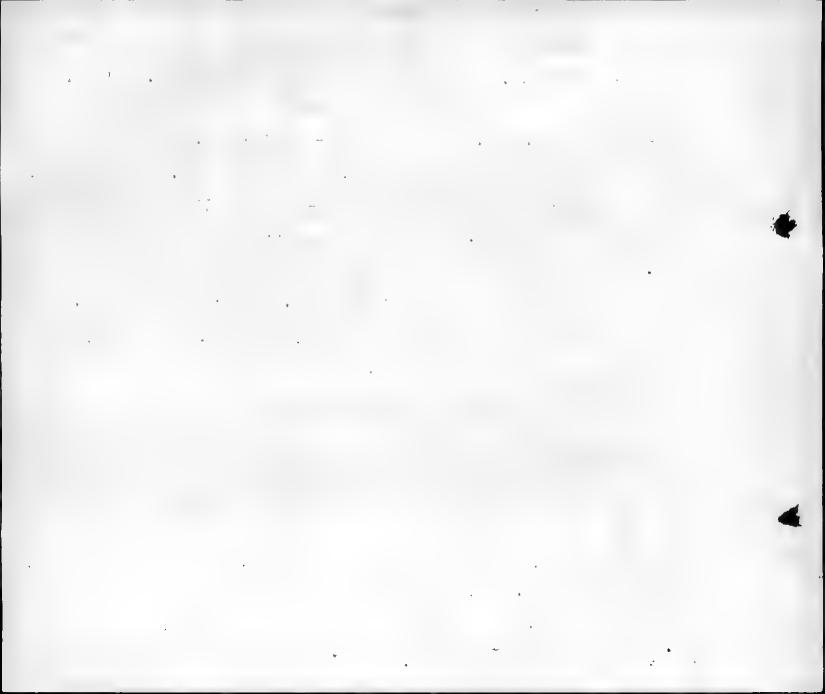
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\perp	For to 1899			К	eg. Dist. No.
1.	PLACE OF DEATH a. COUNTY	***************************************	2 USUAL RESIDENCE (Whe	ere deceased lived If institution.	Residence before admission)
	Prince George's Co.	MARYLAND	a stale Maryland	Pr.	Geo's Co.
	b CILL OF TOALIA IN ORIGING COLDOING HHIRP MILLS	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	itside corporate limits, write RUR	AL and give nearest town)
	Bradbury Park	20-Years	Bradbury Par	k	Χ
	d NAME OF HOSPITAL (If not in hospital, give street OF INSTITUTION 5400—Shadyside Ave., S.E.	address)	d. STREET ADDRESS 5406- Shad	side Ave., S.E.	e. IS RESIDENCE ON A FARM? YES NO A
*	NAME OF First	Middle	*		
2	(Type or print) ANNIE		ENKINS		28th 19 61
15.	Female 6. COLOR OR RACE 7 MARI	RIED NEVER MARRIED	8. DATE OF BIRTH May 29- 1885		UNDER 1 YEAR IF UNDER 24 HRS Annths Days Hours Min.
110	a. JSUAL OCCUPATION (Give kind of work done 10b.	KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY
	Housewife	Domestic	North Car	olina	USA
13	, FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	D7J. Carson		Betty Dolla	r	
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO	NFORMANT	Address	
I,	An lest State and or control of survival	Mrs	. Evelyn M. H	ollabaugh Same	as # 2.
	18. CAUSE OF DEATH [Enter only one couse per]? PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (g)	he for (o), (b), and (c).]	Menny	whele.	INTERVAL BETWEEN
	DUE TO 1/		1/	A	
	Conditions, if any, which) (b)	Merleusive	Vasculy.	N'Cserie	
	gove rise to immediate DUE TO	1			
	lying couse lost				
CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL D SEASE CONDITION GIVEN	IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in P	art i or Part II of item 18)	
MEDICAL	20c. TIME OF INJURY Month, Doy Year 20d. II	NJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, form,	20f. (City or town)	(County) (State
1 GAV	Hour a.m. While of wor	Not while to	ctory, street, office bldg., etc.)	1	
^		1-6	5 10/1 . 200	2 28 20/01	
	21. I certify that I attended the deceas	1 1/	1410		at I last saw the decease
	alive an 190 27,, 19_	(and that death		M, fram the causes and DDRESS (Street, city or town, sta	on the date stated abave
	ACTUAL SIGNATURE SECTION D	Refor	MD 7028 1	Carlbor Pelce	. 0. /
	PHYSICIAN'S Benjamin S. Pec	cson	Work	V8.0€	
27	BUR AL, CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town or o	county) (Slote)
	Burial 3rd March 61		pel Cemetery	Apex , N.C.	. 1
23	JUNERAL DIRECTOR'S SIGNATURE 1661-	Good Hope Road	24a. REC'D		AR'S SIGNATURE
	Variable Back Vashi	rton nope Koas	d S.E. DATE	AM Z DI Curi	hun S. Frank

2d within 24 haurs after death. Page 4 may be retained by the how to altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after Leath. PHYSICIAN: The law requires that the death certificate be exer

VS A1S (4) 1SM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND 02202 CERTIFICATE OF DEATH WISh director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) Va b. COUNTY 70 MARYLAND Prince George within 24 hours after death. funerol b. C TY OR TOWN (If autside carporate limits, write c LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) Columbia Chaverly d NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS S RESIDENCE ON A FARM? 25 Rt.#1 Box 163 YES NO T Prince George General puo .0 NAME OF DECEASED Middle 4. DATE First tast Manth Day Year filled OF 1001 Feb. death. (Type or print) Jenkins Pages Arthur SEX B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE MARRIED TO NEVER MARRIED 73 ofter Months Doys Hours DIVORCED | WIDOWED [yrs Male Col. dr 12 CITIZEN OF WHAT COUNTRY? On USUAL OCCUPATION (Give kind of work dane) 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or fareign country) during most of working life, even if retired) U.S.A. Retired Farmer Farming Virginia puo pou in 72 | 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mollie ? John Henry Jenkins гетоме Alyattsville. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Edith Arnett, 3215 Kenilworth Ave. ottending No CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BEJWEEN ONSE AND DEATH 늄 PART I. DEATH WAS CAUSED BY: FALM IMMEDIATE CAUSE (o DUE TO 否 Conditions, if any, which permit signed gave rise to immediate DUE TO cause (a), stating the underlying cause last **burial-transit** attending physic.an been PART II OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cremation, PERFORMED? YES | NO | 20g. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of tem 18) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State) factory, street, office bldg., etc.) Haur a.m While Not while at wark at wark toreb. 27 19 61 that (1) (we) last 21 I certify that (1) (this haspital) attended the deceased from Jan. 30 161 deteched 1961, and that death accurred at 2 PM, from the causes and an the date stated above. saw the deceased alive an Feb. FUNERAL DIRECTOR: 22a SIGNATURI 226 DATE SIGNED ATTENDING STAFF PHYS. þ DIRECTOR [Board 22c ENYSIC MIN'S 22d ADDRESS 3 should NAME (Type) Edison Dr. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. fown, or county poge REMOVAL (Specify) 0 24 EMNERAL DIRECTOR'S SIGNATURE ADDRESS 25o. REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE VR A15 (4) 1SM 9759



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VR A15 (4) 15M 9/59

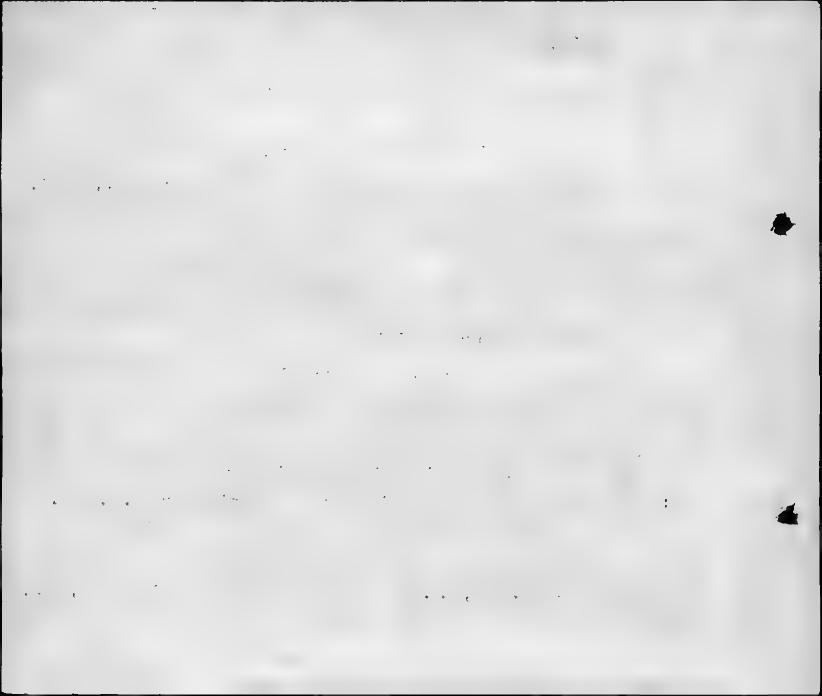
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11	1)	Ω		13
Æ.	6	2	U	3

PLACE OF DEATH		MARYLAND	I D STATE	here deceased lived. If institut	on Residence				
	e George		Haryland		1 0				
RURAL ond give	i (f outside corporate limits, write neorest town)	c LENGTH OF STAY IN 16		outside corporate limits, write		e nearest town)			
Cheverly		24 Days	Oxen Hill		4				
d NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, give street N	oddress)	d STREET ADDRESS			e. IS RESIDENCE ON A FARM?			
Prince G	George General Ho	ospital	6202 Luma	er_Drive	1	YES NO			
3. NAME OF DECEASED	First	Middle	Lost	4. DATE Mo	nih	Day Year			
(Type or print)	Mary	A. J	ohnson	DEATH Feb.		26 19 61			
S SEX	6. COLOR OR RACE 7 MAR	RIED NEVER MARRIED	B DATE OF BIRTH	9. AGE (In years lost birthday)		YEAR IF UNDER 24 HRS			
Female	Colored WIDOW	/ED I DIVORCED	9-15- 1880	80 yrs		oys Hours Min			
00 USUAL OCCUPA	TION (Give kind of work done) 10b	KIND OF BUSINESS OR IND	USTRY 11 BIRTHPLACE (Stote	or foreign country)	12 CITIZE	N OF WHAT COUNTRY?			
Housewi:	orking life, even if retired)	None	Maryla	nd	TT	S. A.			
3. FATHER'S NAME	-	Alvata	14. MOTHER'S MAIDEN I	NAME	1 0	MA The			
Joh	nnie Jenkins		Unknow	n					
5. WAS DECEASED E	VER IN U. S ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	INFORMANT	Add	iress				
(Yes, no, or unknown)	(If yet, give wor or dotes of service)	None	Julia Gray	1715 Swann S	t N W				
None Julia Gray 1715 Swann St. N W.									
PART I. DEATH WAS CAUSED BY. Thromas and Congesting Boart Failure									
IMMEDIATE CAUSE (c) Uremai and Congestive Heart Failure									
Mitral Stangis savere						unknown			
Conditions, if ony, which (b) Mitral Stenosis, severe									
couse (o), stoting the under-									
lying couse lost. (c) Rheumatic Heart Disease, old.									
E	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO NO NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PROPERT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PROPERT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PROPERT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PROPERT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PROPERT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PROPERT OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED.								
20a ACCIDENT V	20a ACCIDENT WAS UNDERLYING A 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port I! of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c TIME OF INJ			PLACE OF INJURY (Home, form foctory, street, office bldg, etc.)		(Cot	unty) (State)			
≨ р. п	10	Not while							
21 I certify t	21 I certify that (I) (this haspital) attended the deceased from. Jan. 27 1961, ta Feb. 20 , 1961, that (I) (we) last								
saw the dece	saw the deceased alive an Feb. 20 19.61, and that death accurred at 1250How the causes and an the date stated above.								
220 S GNATURE	1/	4/				22b. DATE			
1 0	10/2 Ce	(1)		IED STAFF	\sim	2 G MIGNED			
22c PHYSTCIAN			22d. ADDRESS	/)	- 1 1 2 1	22 202			
NAME (Type	Dr. A. Dietz,	M.D.	4314 G	allatin St, Hy	attsvi.	rre, Mo.			
230 BUR A CREMAT	ON. 236 DATE THEREOF	23c NAME OF CEMETERY	OR CREMATORY	23d LOCATION (City, town,	or county)	(Stote)			
REMOVAL (Speci	2-24-61	Church Ceme	eterv	Oxen Hill.	Maryla	and			
24 FUNERAL DIRECTO		ADDRESS			ISTRAR'S SIGN				
KARIOT	flux	3015 12 Stree	t.N.E. DATE	EB 2 7 '61	Inthun S.	Traus			
- W 176 - Lat.		BASO(7.3.000						



1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY **b.** COUNTY Georges County and 3 to the funeral director. Pag MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Write RURAL and give nearest 10wh) ď BOWLE d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? State YES NO F on track to Bowie Race Track Albany 4. DATE DECEASED OF (Type or print) DEATH Februar R OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS B. DATE OF BIRTH IF UNDER 1 YEAR Days WIDOWED [DIVORCED X 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? "in pencil in Item 18, Give Pages 1, Office along with form PM3. Page buriel-transit permit, File pages I and within 72 done during most of working life, even if retired)
DINING POPPER 13 FATHER S NAME 14. MOTHER'S MAIDEN NAM HORACE LUESTER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no or unkown) ((Ifyesgivawarordatesofservica) 18. CAUSE OF DEATH [Enter only one cause per lina for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH Hemorrhage and IMMEDIATE CAUSE (a) **DUE TO** removal, (b) Crushed chest and fractured skull. geva rise to immediata causa. 6 **DUE TO** (e), stating the underlying cause lest. PART IL OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G. VEN IN PART 1,01, 19, WAS AUTOPSY CERTIFICATION PERFORMED? NO should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY TO 6" CONTRIBUTING | CAUSE OF DEATH. Employee of a train that was in a wreck forwarded to the Chief I DIRECTOR: Page 3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f, (City or town) (State) While # factory, street, office bldg., etc.) While Not While Jerricho Park Md. 2 1961 Dinning car prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry and in my opinion DEPUTY MEDICAL Natural causes death resulted from: Accident Y Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER should be forward FUNERAL DII ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER February 2, 1961. BOYD, M.D. NAME (Typa) Address (Street, city, town, or county) 22d. LOCATION (City, lown, or country) 22a_BURIAL-EREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 40 REMOVAL 23. FUNERAL DIRECTOR ADDRESS 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. AISME Cirthun S. Thous 5M 7/59



VR ATS (4) TSM 9/S9

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MARYLAND STATE DEPARTMENT OF HEALTH

MORE 1, MARYLAND

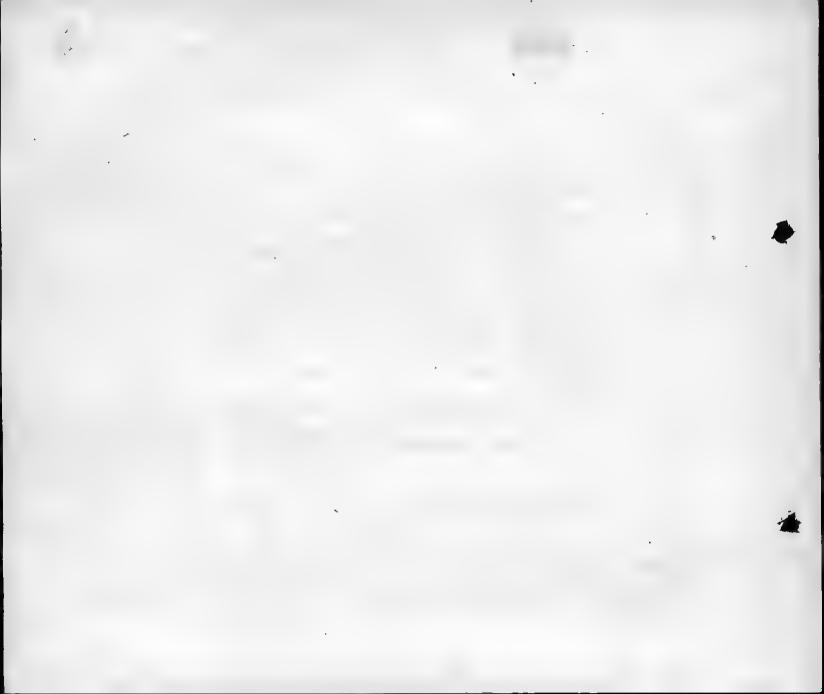
	•	DIAI2IC	IN OF PLAIMING KEREAKCH AND	KEÇOKL	75 — E	ALI
)	2	57	CERTIFICATE	OF	DEA	TH

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
<u> </u>	o. court, Geo, County	O. STATE NO. COUNTY Pr. Gec.
	b. CITY OR TOWN (If outside corporate limits, write RURAL and sive neorest town)	c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
<u>_</u>	KIVEIDE JORYS	- Myattsville
	d NAME OF MOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS 4. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YES ON NO TO
3	NAME OF First Middle	Last 4. DATE Month Day Year
	DECEASED (Type or print) Frank 5	Jones DEATH Feb 20 1961
S	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Days Hours Min
	Male with WIDOWED DIVORCED DI	6-19-12 481
100	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY'S
-	Machinist	lenn M.J.A
13.	James James	14. MOTHER'S MAIDEN NAME
15.		NFORMANT Address
[Ye	st. no or unknown) (If yes, give wor or dates of service)	Hospidal Record
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c),	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
	IMMEDIATE CAUSE (o)	
	(37)	ection - because of
	Conditions, if ony, which gove rise to immediate	
	couse (o), storing the under-	e. Colilis with Melena
_	lying couse lost. (c)	
CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT Colvanced Marie, - Strumped	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? PERFORMED? YES \(\text{NOT} \) NO \(\text{NOT} \)
CERTIFO	20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter noture of injury in Port I or Port II of ilem 18.)
SE	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole
MEDIC	Hour o.m. While Not while for ot work of work	clory, street, office bldg., etc.)
	21 certify that (1) (this haspital) attended the deceased fram	Feb-12, 1961 to Feb 20, 1961, that (1) (we) las
		death accurred at 2.3M, from the causes and on the date stated above
	220. SIGNATURE	22b. DATE
		M.D. PHYS. STGNED
	PARE (Type) Theodore Zegara, M	22d ADDRESS
23	BURIAL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY O	R CREMATORY 23d. LOCATION (C ty, town, or county) (State)
n	sportation 2/21/61 Morris Fune	ral Home Johnson City, Tenn.
	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 296. REGISTRAR'S SIGNATURE
1	Gasch's Sons Hyattsville, Ma	arvland DATE FEB 23 '61 Cather S. Knows
_	22,0000 VIIIO 1 1VIO	TAUGUA I



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH eral director, be filed with 1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased fixed. If institution Residence before admission) 6 COUNTY MARYLAND the funeral should be fi b. CITY OR TOWN (If outside corporate limits, write & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corparate limits, write PURAL and give nearest town) RURAL and give nearest town) d NAME OF HOSP-TAL (If not in haspital, give street address) e. IS RESIDENCE ON A FARM? OR INSTITUTION 20 YES 🔲 NO 🔀 00 .5 NAME OF Middle Year filted DECEASED OF DEATH (Type or print) 19 C IF UNDER 1 YEAR' IF UNDER 24 HRS S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (in years completely lost birthdoy) Months Days Hours haurs after DIVORCED [WIDOWED [papers 10a USUAL OCCUPATION (G ve kind of work done 10b KIND OF BUSINESS during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? L 5 C and 13 FATHER'S NAME 14 SOCIAL SECURITY NO 17 INFORMANT Address WAS DECEASED EVER IN U.S. ARMED FORCES? attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH PART 1. DEATH WAS CAUSED BY: the DUE TO ģ Conditions, if ony which (b) signed permi gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost physician. **burial-transit** WAS AUTOPS PAIT II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6) 19 cremation, PERFORMED? has YES NO. 20a, ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of I tem 18) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF NIURY (Home, form, 20f (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour a.m. While Not while of wark at work p. m. 19.61, that (1) (we) last may be retained by the O FUNERAL DIRECTOR: A page 3 shauld be detached . 19 61, and that death accurred at GAM, from the causes and on the date stated above saw the deceased alive an SONATURE 22b. DATE SIGNED ATTENDING PHYS MED DIRECTOR [STAFF MD 22c PHYS C AN'S 22d. ADDRESS EAVER, JR.M.D. 23g. BURIAL, CREMATION, 23b. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, fown, or county) page the St REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D SY REGISTRAR 25b REGISTRAR'S SIGNATURE VR A15 (4) DATE FEB 24 Conthun S. Kraus 15M 9/59

within 24 hours after death.



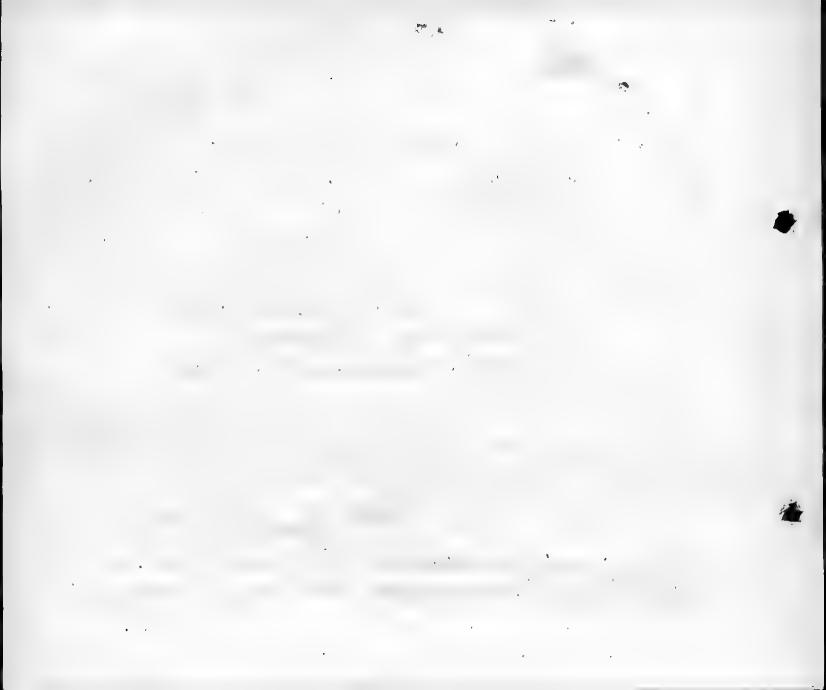
Year

1967

(State)

ofter death.

VS A15 (4) 15M 9/5B



34 TO HOSPITAL OR A MADING PHYSICIAN: The law requires that the death certifies be executed within 24 hours after a death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defached for use as the burial-transit permit. Then please remove carbon papers Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deather. ate be executed within 24 hours after

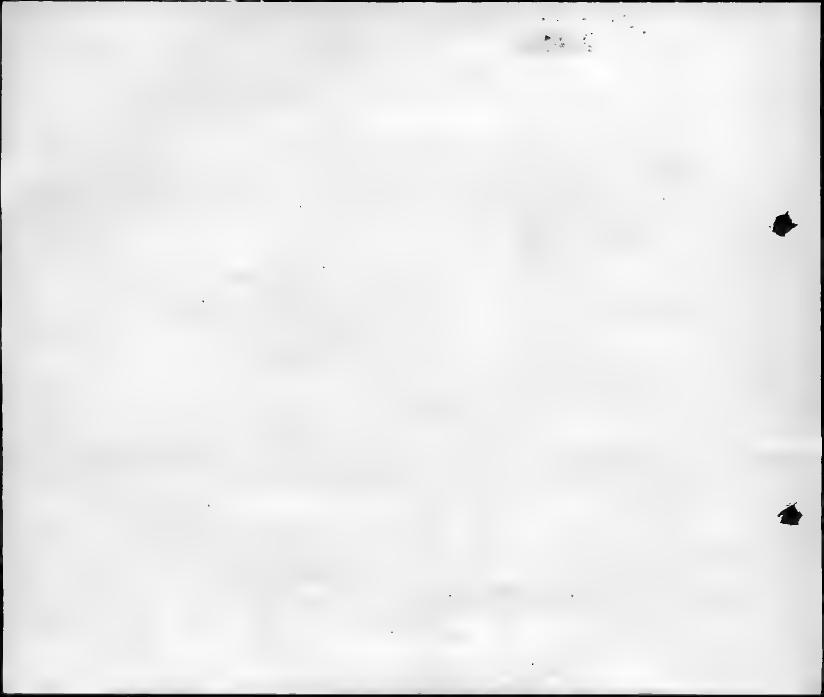
MARYLAND STATE DEPARTMENT OF HEALTH

*****		- Marianian -	1100/30111	
DIVISION OF STATISTICAL RES	EARCH AND RECORDS	, 301 W. PRESTON	STREET, BALTIMORE	I, MARYLAND

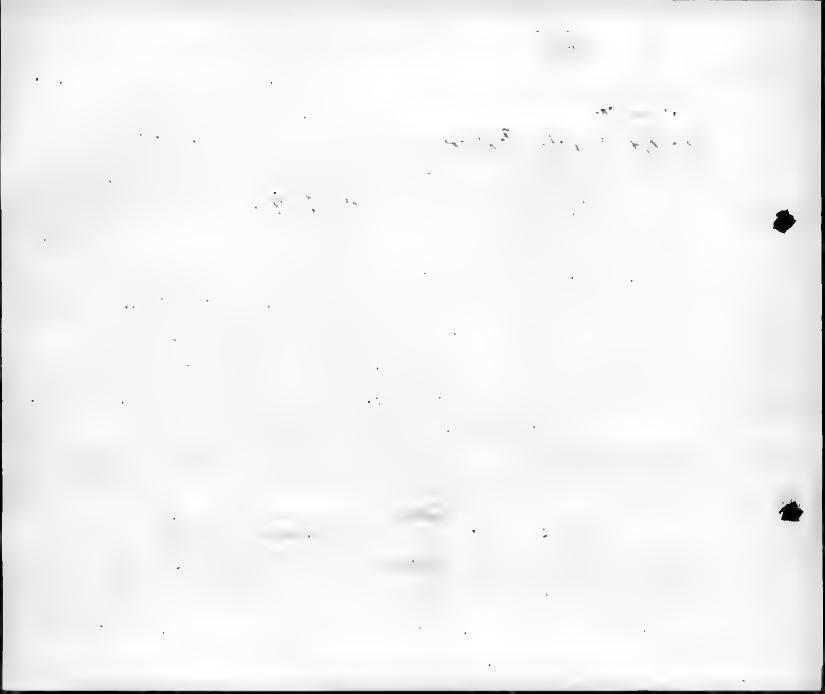
, [. 9960	CERTIFICATI	82 3/17/61 mh	02937
	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased I ved If	
)	PRIN CE GEORGES b. CITY OR TOWN (if outside corporate I m/ts, write RURAL end give nearest town)	MARYLAND LENGTH OF STAY IN 16	e. STATE D. C. I. ANYTANY D C CITY OR TOWN'(II) out de corporete limits, weith	PITRICA / JE OHTES
	d. NAME OF HOSPITAL OR INSTITUTION (IF THE LAND) CARROLL MANOR	3 years hospital give street eddress)	HWAYTSWAAYE Was 4 STREET ABORESS 4205 New Ham 4002/TAS/FIG	hington By Skesidence on A FARM? N. W. YES NO W
	3 NAME OF first	W.gq e	Lest 4. DATE Mon!	h Dey Year
	Type or print' ROSE	M.	KEMP DEATH 2	I 19 61
H		THE THE PARTY OF T	fest birthdey)	Months Days Hours Mr.
		b. K.ND OF BUSINESS OR INDUSTR	6-29-78 82 yrs. Y. II. BIRTHPLACE (County & State, or fore gir country	
	done during most of working life, even if retirad)	SOUTHERN, R. F		U. S. A
٧	JOHN A. KEMP		ANN IRVIN	
4	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknown) (If yas giva war or dates of service)	16 SOCIAL SECURITY NO. 17 1		_
		the spiritual of the same	RROLL MANOR RECORDS (SAME AS #2)
	18. CAUSE OF DEATH [Enter only one cause] PART I, DEATH WAS CAUSED BY:	-		INTERVAL BETWEEN
	IMMEDIATE CAUSE (+)	Uremia		_
	DUE TO			
	O Windless of the Control of the Con	Chronic Glom	erulonephritis	22 months
	Conditions, if y, which (b) geve rise to immediate cause	Chronic Glom	erulonephritis	22 months
	Conditions, if y, which gove rise to immediate cause (a), stating the underlying cause last. (b)			
	Conditions, if y, which gove rise to immediate cause (a), stating the underlying cause last. (c)		erulonephritis	
	Conditions, if y, which gove rise to immediate ceuse (a), stating the underlying cause last. PART I. OTHER SIGNIF CANT CONDITIONS OR CONTR.BUT NG CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRAUTING TO DEATH BUT NO		VEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
	Conditions, if y, which governies to immediate couse (a), stating the underlying cause last. PARTI. OTHER SIGNIF CANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yaar Van Hour a.m.	CONTRIBUTING TO DEATH BUT NO DESCRIBE HOW INJURY OCCURED D. INJURY OCCURED 206. PLA	OT RELAYED TO THE TERMINAL DISEASE COND TION GI	VEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?
	Conditions, if y, which governies to immediate couse (a), stating the underlying cause last. PART I. OTHER SIGNIF CANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. TIME OF INJURY Month, Day, Year Hour a.m.	DESCRIBE HOW INJURY OCCURED Od. INJURY OCCURED Vhile Not While steel sets	TRELATED TO THE TERMINAL DISEASE CONDITION GI (Enter neture of injury in Pert I or Pert II of Tem 18.) CE OF INJURY (Home, form, ory, street, office bldg., atc.)	VEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stata)
	Conditions, if y, which gove rise to immediate cause (a), stating the underlying cause last. PART I. OTHER SIGNIF CANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRAUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time Of INJURY Month, Day, Year Hour a.m., p.m. 19 21. 1 certify that (I) (this hospital) all saw the deceased alive on. 1/31/	DESCRIBE HOW INJURY OCCURED Od. INJURY OCCURED Vhile Not While steel sets	CE OF INJURY (Home, form, 201, (City or lown) ory, street, office bldg., etc.)	VEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stata) 961, 19, that (I) (we) last and on the date stated above.
	Conditions, if y, which gover rise to immediate cause (a), stating the underlying cause last. PART I. OTHER SIGNIF CANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING COR CONTR.BUT NG CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time Of INJURY Month, Day, Year Hour a.m. p.m. 19 21. 1 certify that (I) (this hospital) all saw the deceased alive on. 1/31/22a. SIGNATURE	DESCRIBE HOW IN.URY OCCURED Od. INJURY OCCURED Od. INJURY OCCURED Ville Not While of work of the deceased from 196119, and that	CE OF INJURY (Home, ferm.) CE OF INJURY (Home, ferm.) Ory, street, office bldg., etc.) death occured at	VEN IN PART I(e) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stata)
	Conditions, if y, which governing to immediate couse (a), stating the underlying cause last. PARTI. OTHER SIGNIF CANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING 20b. OR CONTRAUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. 1 certify that (I) (this hospital) all saw the deceased alive on. 1/.31/22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Thomas F	DESCRIBE HOW IN.URY OCCURED Od. INJURY OCCURED Od. INJURY OCCURED A fact work tended the deceased from 1961.19, and that Collins, M. 1	CE OF INJURY (Home, form, 20f. (City or lown) ory, street, office bidgs, etc.) 3/30/1959 death occurred at	(County) (Stata) (County) (Stata) 961, 19, that (I) (we) last and on the date stated above. 22b. DATE SIGNED Feb. 1, 1961 Washington, D. C.
	Conditions, if y, which governize to immediate cause (a), stating the underlying cause last. PART I. OTHER SIGNIF CANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING COR CONTRAUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time Of INJURY Month, Day, Year Hour a.m., p.m. 19 21. 1 certify that (I) (this hospital) all saw the deceased alive on. 1/31/22a. SIGNATURE	DESCRIBE HOW INJURY OCCURED Od. INJURY OCCURRED 206. PLA Work Not While act work tended the deceased from 1961.19, and that	CE OF INJURY (Home, form, ory, street, office bidg., etc.) 3/30/1959 19 40-1/1 40-	(County) (Stata) (County) (Stata) 961, 19, that (I) (we) last and on the date stated above. 22b. DATE SIGNED Feb. 1, 1961 Washington, D. C.
	Conditions, if y, which governise to immediate ceuse (a), stating the underlying DUE TO ceuse last. PART I. OTHER SIGNIF CANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. 1 certify that (I) (this hospital) all saw the deceased alive on. 1/31/22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Thomas F 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAT.	DESCRIBE HOW INJURY OCCURED Od. INJURY OCCURED A hold work of work of the deceased from. 1961.19, and that Collins, M. 1 23c. NAME OF CEMETERY OLIVET	CE OF INJURY (Home, form, ory, street, office bidg., etc.) 3/30/1959 death occured at	(County) (State) (County) (State) (County) (State) (County) (State) (County) (State) (County) (State)
	Conditions, if y, which governing to immediate couse (a), stating the underlying cause last. PART I. OTHER SIGNIF CANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING CONCONTRIBUTIONS OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. Time of Injury Month, Day, Year Hour a.m. p.m. 19 21. 1 certify that (I) (this hospital) all saw the deceased alive on. 1/31/22a. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Thomas F 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAT. 24 FUNERAL DIRECTOR'S SIGNATURE THEREOF	DESCRIBE HOW INJURY OCCURED Od. INJURY OCCURRED AND While of work of the deceased from. 1961.19, and that Collins, M. 1 23c. NAME OF CEMETERY OF THE COLLIVET (W.t. OLLIVET (W.t. OLLIVET)	CE OF INJURY (Home, form, ory, street, office bldg., etc.) 3/30/1959 death occured at	(County) (State) (County) (State) (County) (State) (County) (State) (County) (State) (County) (State)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH the funeral director, shavid be fixed with 2 USUAL RESIDENCE (Where deceased lived. If institution , Residence before admission) 1 PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND IV c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 b CITY OR TOWN (If outside corporate limits write RURAL and give nearest tawn) IVE tarrelyae IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? YES NO IS ċ 4. DATE NAME OF Middle DEATH 19 6 1 (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9. AGE (In years COLOR OR RACE 7. MARRIED T NEVER MARRIED lost_birthday) Days Months Hours carboa popers fring 2 havrs, after DIVORCED | WIDOWED TO 10g. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life even if retired) and medelle 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lucur physici remove IS, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Siac Route Lauret (Yes, np. or unknown) nd attending INTERVAL BETWEEN CAUSE OF DEATH | Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO ò Conditions, if ony, which permit (b) certificate has been signed gave rise to immediate DUE TO couse (a), stating the underlying couse lost. burial-transit PAW II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY crematian, PERFORMED? YES TO NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) foctory, street, office bldg , etc.) Hour o. m. While Not white at work at work p. m. 21 1 certify that (1) (this haspital) attended the deceased from L and that death occurred at 6 M, from the causes and on the date stated above saw the deceased alive on_b FUNERAL DIRECTOR: age 3 shauld be detact 22o. SIGNATURE SIGNED ATTENDING PHYS STAFF MD DIRECTOR | 22d. ADDRESS 22c, PHYSICIAN'S NAME (Type Chaster Bradv BURJAL, CREMATION, 236, DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, Jown, or county) (Stote) REMOVAL (Specify) 0 **ADDRESS** 25b REGISTRÁR'S SIGNATURE . FUNERAL DIRECTOR'S SIGNATURE 25g REC'D BY REGISTRAR 15M 9/59 10



	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	CERTIFICATE OF DEATH Reg. Dist. No. (223)
Ľ	PLACE OF DEATH 2. COUNTY RINCE STATE MARYLAND 2. USUAL RESIDENCE (Where deceased lived if institution, Residence before admission) b. COUNTY P. Geo. County City Or TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION OR HAS PITAL (CONTER- RFD 3 - Box 632 YES NO
	NAME OF DECEASED LOST LENA G. KNIGHT. DEATH FEB 7, 1961
\$ 9	SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRGY 9 AGE (In years lost birthdoy) WIDOWED DIVORCED MIN. WIDOWED DIVORCED MIN.
	USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) House Wife 21.5.4
15	FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT NO. OF UNKNOWN) 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME Address Address
-	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) CIRCULATORY COLLAPS.
	Conditions, if any, which gove rise to immediate cause (a), stating the under-tying couse rast. DUE TO CARCIAIOMATOSIS GENERALIZED 3 LUKS.
TIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? VES
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH
	21. I certify that Lattended the deceased fram LEO. 20, 1960, ta FEB 7, 196/that I last saw the deceased alive on FEB 6, 1961, and that death accurred at LYSAM, from the causes and an the date stated above.
	ACTUAL SIGNATURE Coffee & Capen M.D. CLINTON, MD. DATE SIGNED
	PHYSICIAN'S AIFRED R LAPIN
	BUR A., CREMATION, 22b DATE THEREOF REMOVAL (Spec ty) OLIVERAL DIRECTOR'S SIGNATURE ADDRESS 22c NAME OF CEMETERY OR CREMATORY 22d VÉATION (City Jown, or county), Strate) 22d VÉATION (City Jown, or county), Strate) 24d, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
(1) (8)	summand Bros 1661- gd Hoyce Rd 1 DATE FEB 8 '61 arthur & Krusa
	MEDICAL CERTIFICATION



02240

1		6600	CERTIFICA	IE OF DEATH		
4		PLACE OF DEATH	MARYLAND	2. USUAL RESIDENCE (WO. STATE Md.	here deceased lived If institution: Resid b. COUNTY	ence before admission) ace George
1)	- 1	Prince George b. CiTY OR TOWN (If autside corporate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL an	
786	2	Cheverly d. NAME OF HOSPITAL (IF not in haspital, give street in or institution).	5 hrs.	A CIPECT ADDRESS	erdale	e IS RESIDENCE ON A FARM?
		Prince George General	l		ngfellow Street	YES NO I
		NAME OF First DECEASED (Type or print) Milton A.	Middle	Kyle (4. DATE Manth OF DEATH 2-3	Day Year 1 %1
	S 5	6. COLOR OR RACE 7 MARR	IED NEVER MARRIED	B. DATE OF BIRTH		ER 1 YEAR IF UNDER 24 HRS
		Male White WIDOWE		4-14-15	45 уп.	
		USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) TEAM OFERATOR	E.P.Co. Die		MGTON, DIC	U.S.A.
		FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
$\left(\cdot \right)$		HOWARD KYLE		PANSY		
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	50CIAL SECURITY NO 17 IN M	ARGAR ET	G. KYLE SAMI	ことは
	_,	18. CAUSE OF DEATH [Enter anly ane cause penyly	for (o), (b), and (c).]	7-1	-1	INTERVALASETWEEN
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	140CAZdia	Lhford	Troh	5 has
		THE TO DUE TO	11	00 114	\cap \cap \cap	-//
		Conditions, if any, which (b)	colosian o	night	sormous Hetery	1 5 hrs.
		cause (a), stating the under-	conoug Acte	esclesol	E Ht. DISEASE	Orknown
	CATION	PART II. OTHER SIGNIF, CAN'T CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	AINALD SEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
# hm	CERTIFIC	20d ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part I or Part II of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month Day, Year 20d. It White pp. m. 19 at world at world world at world	Not white fac	CE OF INJURY (Home, forstary, street, affice bldg, et		(County) (State)
	~	21. I certify that (1) (this hospital) attend			2	that (I) (we) lost
7		sow the deceased alive on 2-3-6	1 19 and that d	eoth occurred ot 10	M. Arom the couses and on t	he date stoted obove.
I		220 S GNATURE CLUES	1-10-00	ATTENDING A	AED STAFF	Feb. L. SIGNED
		22c. PHYSICIAN'S NAME (Type) Albert Roth		22d. ADDRES95510	Madison St.	
	02	FINDLA CREATERY FOR DATE THEREOF	• We		erdale, Md.	
	P	REMOVAL (Specify) REMOVAL (Specify) FEB 7, 1961	CEDAR H	ILL CEM	SUITLAND, W	ARYLAND
	24	FUNERAL DIRECTOR'S SIGNATURE	ABDRESS RIVE	ND DATE FI	O BY REGISTRAR 256 REGISTRAR'S CAthur	
-	(month was freiter	UN - 176766	, 10 DAIE!	The state of the s	a. / WANA

may be rehained by the Applial or altending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and Campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Board of Health priar to burial, aremation, or remayal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/59

3 PHYSICIAN: The law requires that the death certificate be ey

TO HOSPITAL OR ATTEN

ed within 24 hours after death. Page 4



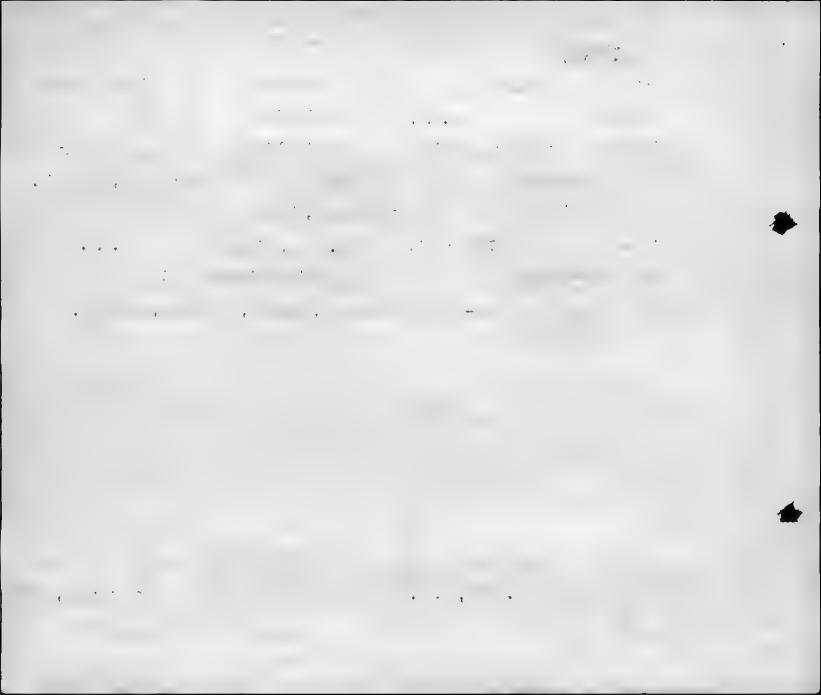
ERTIFICATE OF 1. PLACE OF BEATH USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) ath. If any delay is necessary, and to the funeral director, Page of the funeral director, Page of the files. e. COUNTY **b.** COUNTY rince Georges Prince Georges County

b CITY OR TOWN (if ourside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs da corporate I mits, write RURAL and give neerest town) write RURAL and give nearest town) 9 Cheverly D.O. A.
d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) Cheltenham d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Prince Georges General Hospital Post Office YES 🖳 NO NAME OF 4. DATE Middle Yeel DECEASED OF (Type or print) THOMAS PHILIP LA ROQUE DEATH February 10. 19 61. ¥:¥ 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX age 5 may 1 and 2 will 72 hours a last birthday) ğ Male WIDOWED [DIVORCED T March 10s. USUAL OCCUPATION (Give kind of work 106, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? in pencil in Item 18. Give Pages 1. Office along with form PM3. Page done during most of working life, even if retired) U.S.A. File pages 1 Painter Construction St. Paul. Minnesota 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Joseph LaRoque Catherine Elizabeth certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 1 (Yes, no, or unkown) | (If yes give wer or detay of service) Office along with for burial-transit permit, movel, and in any e Thomas Clinton, Maryland, None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** removal, Conditions, if any, which geve risa to immediata cause "pending" **DUE TO** (a), stating the underlying 100 cause fest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be rits designated agent, prior to burial, crement NO 200 EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.1 PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. CAL 20c. TIME OF INJURY Month, Day, Year 1 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) While Not While factory, street, office bldg., atc.) MEDIA at work at work 21. I certify that I took charge of the remains described above, held an Autopsy | | Inspection I Inquiry and in my opinion DEPUTY MEDICAL death resulted from: Natural causes X Accident Suicide Undetermined manner Homicide | CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAM NER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER W EXAMINER'S M. D. February NAME (Typa) Address (Street, city, lown, or county) 22c 22d. LOCATION (City, lown, or country) NAME OF CEMETERY OR CREMATORY MOVAL (Specify) 40 6 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATUR VS. ATSME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

BALTIMORE 1. MARYLAND

Division of STATISTICAL RESEARCH



W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEA 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before admission) files. Health, a. COUNTY A 3 to the funeral director, Page **BCCOUNTY** If any delay is necessary, MARYLAND b, CITY OR TOWN if outside corporate himits. c. CITY OR TOWN (If outside corporata limits, wr la RURAL and give nearly town) for your write RURAL and give nagrast towal d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Boar d STREET ADDRESS 15 RES DENCE ON A FARM? retained he State B YES NO X 3. NAME OF Midd a 4. DATE Month DECEASED OF the (Type or print) DEATH 19 with B. DATE OF BIRTH AGE (In years) F UNDER 1 YEAR 7. MARRIED NEVER MARRIED may 2 with and 2 w lgst b_rthday) and Months WIDOWED 1 DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life /evan if retired) wo com in pencel in Item 18, Give Pages File pages Office along with form PM3. buriel-transit permit, File page 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within 24 event IS. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) | (Ifyesgive war or dates of service) VIS 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH .5 PART I, DEATH WAS CAUSED BY: pue IMMEDIATE CAUSE (a) removel, **DUE TO** This certificate should Conditions, if any, which (b) "pending" gava rise to immediate cause 10 Examiner's DUE TO (a), stating the undarlying 10 pesn cause last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1:8 19, WAS AUTORSY PERFORMED? please execute the certificate, writing the word 4 should be forwarded to the Chief Medical E 28 NO L should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. Enter nature of injury in Part I or Part II of Itam 18) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 20c, TIME OF INJURY 20d, IN. JRY OCCURRED 20s. PLACE OF IN. URY (Home, farm, 20f., (City or town) age to b Month, Day, Yaar (County. (Stata) factory, street, office bldg., etc.) While Not While Hour am forwarded to the L DIRECTOR: Pa at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 1. and in my opinion Natural causes (death resulted from-Accident Suicide Homicide | Undetermined manner DEPUTY MEDICA CHIEF MEDICAL EXAMINER [designated ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) 0 Address (Street, city, town, or county) 228. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF COMETERY OR CREMATORY (Slata) REMOVAL (Specify) O 40 6 FUNERAL DIRECTOR VS. AISME arthur & France 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



TISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before admission) a. COUNTY b. COUNTY b. CITY OR TOWN (if outside corporata limits c. CITY OR TOWN (If outside corporate rimits, write RURAL and give nearest town) (fil) RURAL and giva regest town), d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE ON A FARM? YES NO NAME OF Month Year DECEASED OF (Type or print) DEATH 19 AGE (In years | IF UNDER I YEAR I IF UNDER 24 HRS. 5. SEX WIDOWED [] DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USJAL OCCUPATION (Give kind of work 105, KIND OF BUSINESS OR INDUSTRY physicia dona during most of working life, even if retired) HOUSEWIFE 13. FATHER S NAME please attending GOODEN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMA (Yas, no, or unkown) | (If yes give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per tine for (a), (b), and (c).] NTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Conditions, if any, which (b) gava risa to immediate cause **DUE TO** (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT COND.T.ONS CONTRIBUTING TO DEATH BUT RELATED TO THE TERMINA, DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 🗔 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa farm. 20f. (City or town) (Stata) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bidg., atc.) Not Whila While Hour a.m. at work at work 21. I certify that (I) (this hospital) ettended the deceased from 19 44, that (I) (we) last saw the deceased alive on.... 22a. SIGNATURE 226. DATE ATTENDING SIGNED PHYS. DIRECTOR FUNERAL 22c. PHYSICIAN'S NAME [Type] director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOI 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) O. FUNERAL DIRECTOR'S SIGNARU VR A15 (4) 15M 9/60



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH 2000

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116/7	ŀ

	6600-	<u> </u>			(15/22)		
PLACE OF DEATH	nce George's	MARYLAND	2. USUAL RESIDENCE (Who o STATE D.C	ere deceased lived. If institution Resider b COUNTY	nce before admission)		
b city or town Rural and give Chever ly	(If outside corporate limits, write neorest town)	c. LENGTH OF STAY IN 16	c city or town (if or	utside corporate limits, write RURAL and ON	give nearest lawn)		
OR INSTITUTION			d. STREET ADDRESS	41 1 1 1	6 IS RESIDENCE ON A FARM?		
Prince	George's Genera	T	2216 Kearn	Street N.E.	YES NO 1		
3. NAME OF DECEASED (Type or print)	John First	Middle R.	MacDonald	4. DATE Month OF DEATH 2-11-	Day Year 19 61		
s. sex Male	& COLOR OR RACE 7. MARR White WIDOWE		8. DATE OF BIRTH -02 7-17-03	9. AGE (In years lead by the lead of the l	Doys Hours Min.		
during most of wo	TON (Give kind of work dane 10b orking life, even if retired)	REFLANCE	STRY 11 BIRTHPLACE (State of State of S	Q W	USA		
PETER	mac De.		ANWIE		14.15		
IS WAS DECEASED EV		SOCIAL SECURITY NO 17. II	NFORMANT	MAC-RIC Address	1816		
NC NE	NENE (35-07-6176 6	DN4 MAC	DUNALD 2216 KEA	IKIUS ST. NE		
	EATH (Enter only one cause per interest WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO any, which) (b)	Le for (a), (b), and (c).	el Conje	Jander-	INTERVAL BETWEEN ONSET AND DEATH		
couse (a), statin	gove rise to immediate couse (a), stating the under. DUE TO Stating couse lost.						
PART II O	THER SIGNIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	nal disease condition given in Pai	RT 1(0) 19 WAS AUTOPSY PERFORMED? YES NO		
206. ACCIDENT V OR CONTRIBUTIN (IF EITHER, NOTIF	VAS UNDERLYING 20b DESC IG CAUSE OF DEATH 'Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D (Enter nature of injury in P	ort I or Port II of item 18.)			
ZOC TIME OF INA. Hour o m. p. m.	. 10 White	Not white fo	ACE OF INJURY (Home form, ctory, street, office bldg., etc		County) (51ate)		
saw the dece	not (I) (this haspital) attendased alive on Feb. 12			to # Feb 19 19	e date stated above		
220 SIGNATURE	nA Tenitaky	2D.		RECTOR PHYS	ZIS DAY		
NAME (Type)	Dr. Leon R. 4	evitsky, M.D.	3400 Rho	de Island Ave. Mt F	Rainier Md.		
23g BUR AL, CREMATI REMOVAL (Specif		23c NAME OF CEMETERY C	OR CREMATORY	23d LOCATION (City, town, or county)	(Stole)		
24. FUNERAL DIRECTO	PR'S SIGNATURE	ADDRESS 5801	Cherelo, 16, 250 RECI	BY REGISTRAR 256 REGISTRAR'S SI	GNATURE / 100		
W.W.	thomlers	CO Ru	werd of MI O DATE FO	17'61 Cain 8	Krates		

may be retained by the Paritol or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be dilled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs ofter death VR A15 (4) 15M 9/59

PHYSICIAN; The low requires that the death certificate be exer

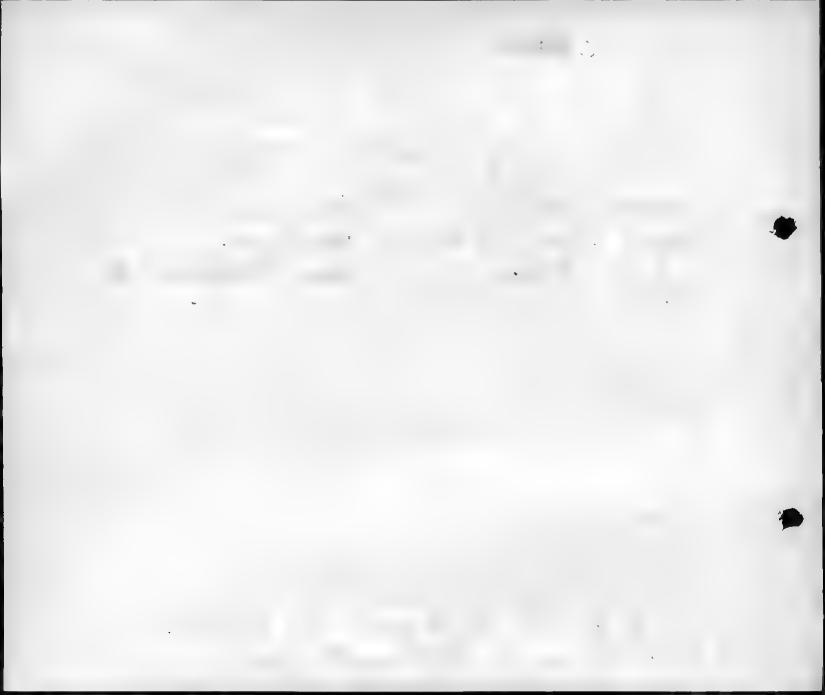
TO HOSPITAL OR ATTEND

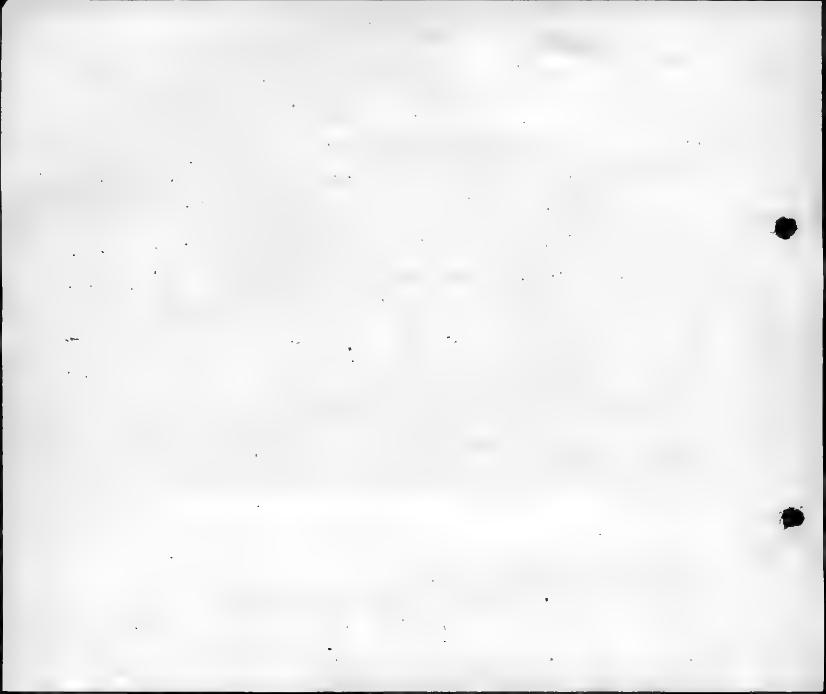
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ed within 24 hours ofter death Page 4



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS CERTIFICATE OF DEATH with director, I. PLACE OF DEATH, 2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission filed funerol CITY OR TOWN (If outside/corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RUBAG and give neorest, lown) should d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 25 11012 YES 🗍 NO 🗖 puo 2. NAME OF Lost DECEASED filled DEATH (Type ar print) 05 E 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 6. COLOR OR RAGE MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Months WIDOWED [O yes. 10a. USUA. OCCUPATION (Give kind of work done 10b. 12 CITIZEN OF WHAT COUNTRY? during mast of working life, even Pretired) pup corban within 72 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician гетоме 16. SOCIAL SECURITY NO 17 INFORMANT D'AKETOW attending 0/2 18 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** cause (o), stating the underlying cause lost. PART II. OTHER'S IGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO F 200 ACCIDENT WAS UNDERLYING TI DESCRIBE HOW INJURY OCCURRED (Enter Juliure of injury in Port 1 or Port 11 of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg , etc.) Hour a.m. While Not while of work of wark 21. I certify that (I) (this hospital) attended the deceased from... ond that death occurred at A. from the causes and on the date stated above. sow the deceased alive on detach FUNERAL DIRECTOR: Fee F 22o. SIGNATURE 22b DATE SIGNED ATTENDING MED DIRECTOR 50 3 should be M.D PHYS 22¢ PHYSICIAN'S 274 ADDRESS NAME (Type) 10 nd page 3 the State 23c NAME OF CEMETERY OR CREMATORY LOGATION (City town, or county) BURIAL, CREMATION, EMOVAL (Specify) 0 250. REC'D BY REGISTRAR VR A15 [4] 15M 9/59





MARYLAND STATE DEPARTMENT OF HEALTH



VS A15 (4) 1SM 9/58

	MARYLAND STATE DEPARTA	MENT OF HEALTH—BALTIMORE, 18
	2272 CERTIFIC	ATE OF DEATH Reg. Dist. No.
0	PLACE OF DEATH O. COUNTY INVEE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a. STATE b. COUNTY M.D. GEORGES
Ь	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MYATTO VILLE VR.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) HYATTSVILLE MD
3	or Institution Hope of haspital the street address) or Institution Hope of haspital the street adverses of the street adverses.	d. STREET ADDRESS 40 GREENLAWN DR S RESIDENCE ON A FARM? YES \(\sum \) NO \(\mathbb{P} \)
	NAME OF First Middle DECEASED Type or print) I AMES 16-NATIU	Lost 4. DATE Month Day Year OF DEATH FEB 15 196/
5 . SI	6. COLOR OR RACE 7. MARRIED NEVER MARRIED WHOWED DIVORCED	B DATE OF BIRTH JAN 14, 1887 9. AGE (In years left UNDER 1 YEAR) IF UNDER 24 HRS lest birthday) 74 yrs. Months Days Hours Min.
	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ICKER CLERK PENN R.R.	USTRY 11 BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY PHILADEL PHIA PH USA
	NAIL Hugh me Dermo	& Elizabeth McDermott
IS. V	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give wor of pales of service)	NON 401 GREENLANN DO MYNTSUIL
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) RESPIRATOR	FAILURE INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate (b)	THOMEOSIS 2 DAYS
7	couse (a), stating the under- lying couse last DUE TO (c) GENERALIZE	
CATION	CORONARY ARTERY BISCASE	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
Ü	20g. ACC DENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURE OR CONTRIBUTION [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Part I or Part II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e Hour a.m. P. rh 19 at work at work at work at work 19	PLACE OF INJURY (Hame, form, 20f (City or town) (County) (State actory, street, office bldg., etc.)
		th occurred of 3-5 PM, from the causes and on the date stated obove
	ACTUAL SECULO PULLE SUGNATURE SECULO PULLE SUGNATURE	ADDRESS (Street, city or town, stote) ADATE SIGNE M.D. 8218 WISCONSIN AVE 2/15/6,
	PHYSICIAN'S FRANCIS C MAYLE DR	BETHESON 14 MD
Bu	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY WILL Specify 2 2 12 16 archive glow	- National arlington, Virgini
23. F	FUNERAL DIRECTOR'S SIGNATURE alleys Figure Home,	Md: DATE FEB 21 '61 Cultury S. Kraus



ly is neces. I director. Page for your lifes. Soard of Health. with may 2 will age 5 may 1 and 2 wil 72 hours pue File pages 1 and in Item 18. Give Page: ng with form PM3. Pa permit. Office burial-t the word pluods writing Chief 0 L uld be forwarded to the NERAL DIRECTOR: Pa # # H prior agent, DEPUTY MEDICA should be forward O 40

VS, A15ME

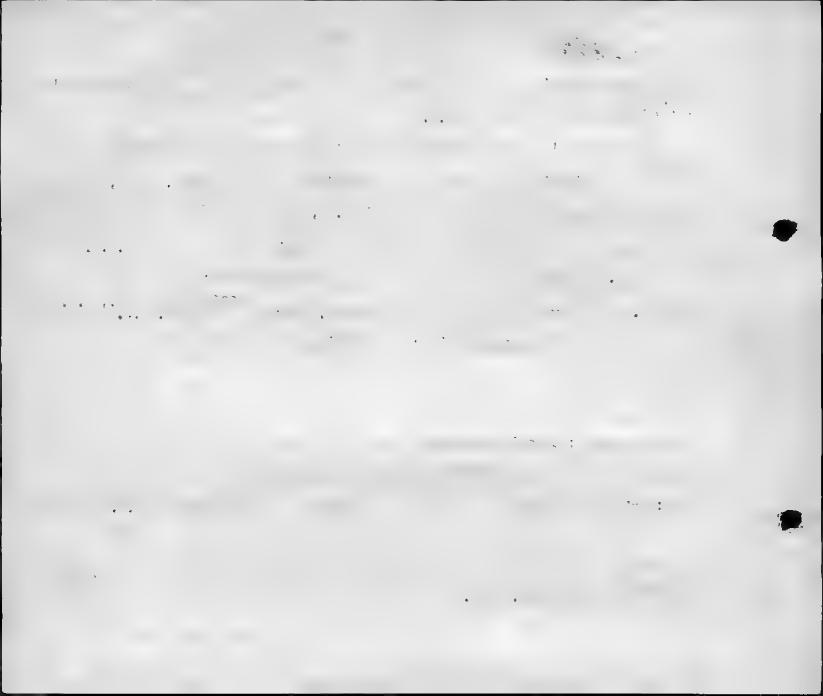
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY PRINCE GEORGE'S BRINCE GEORGE'S MARYLAND b CITY OR TOWN (f outside corporete I mits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (if outside corporate limits, write RURAL and give hearest town) write RURAL end give neerest town) CHESTARIST D.O.A Suitland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RES DENCE ON A FARM? PRINCE GEORGE'S GENERAL HOSPITAL Suitland Road YES NO-3. NAME OF Midd e DATE DECEASED OF (Type or print) DEATH William 1961 Souder McKimmey Feb. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF JNDER 24 HRS AGE (In years : IF UNDER I YEAR lest birthdey) Months WIDOWED I 4,1919 MATIC DIVORCED [IOe. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1.12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Bus Driver Capital Pransit Virginia 14 MOTHER'S MAIDEN NAME 13. FATHER S NAME Harry C. McKimmey Sergeny Souder 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (fyesgivewerordelesofsarvica) 4036 Alabama Aye., S.E. World W.2 Nary 578-14-225/ Elmer A. INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acuta Barbiturate poisoning **DUE TO** Conditions, if any, which (6) geva rise to immediate cause **DUE TO** (a), sleting the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100- 19. WAS AUTOPSY PERFORMED? NO X Chronic Wenhritis 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part For Part Depressed & C 200. External Cause was PRIMARY ET OF CONTRIBUTING CAUSE OF DEATH. Took twenty (20) Tuind Capsules, INJURY (Home, Firm, 20), 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 201. (City or town) (County) (Stelle) factory, street, office bldg., etc.) While Not While Hour a.m. et work at work Suitlend 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 😿 Inquiry 🕱 and in my opinion death resulted from Suicide X Undetermined manner Natural causes Accident 1 Homicide | CHIEF MEDICAL EXAMINER **MCMMAL** DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER 🚽 2/4/61 EXAMINER'S JAMES I. BOYD. NAME (Type) Address (Street, city, town, or county) 1 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL CREMATION. 22b. DATE THEREOF 22d. LOCATION (City, town, or country) (Stelle) 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

DATE FER 6



12 CITIZEN OF WHAT COUNTRY? Dr V. L. Fromang Vero Beach Florida. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Month. Day, Year 20d. INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Haur a.m. While Not while at work of work 1961 21. I certify that (I) (this haspital) attended the deceased fram. 19____, that (I) (we) last 19 61, and that death accurred at 1505 from the causes and an the date stated abave. saw the deceased alive an 22a SIGNATURÉ SIGNED MED DIRECTOR STAFF PHYS 2-27-61 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) 4314 Gallatin St. Hyattsville, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) BURIAL CREMATION. (Stote) REMOVAL (Specify) Fort Lincoln Cemetery 28, 1961 Colmar Manor, Maryland. 24 FUNERAL DIRECTOR'S SIGNATURE 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR F. Gasch's Sons Hyattsville, Maryland. DATE MAR 2 arthur S. Thous

IS RESIDENCE

ON A FARM

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Year

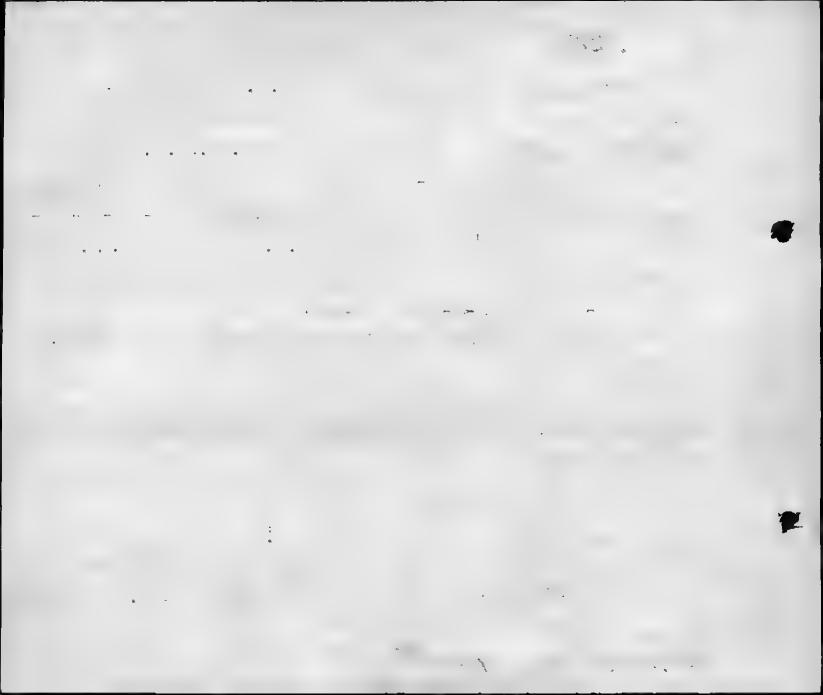
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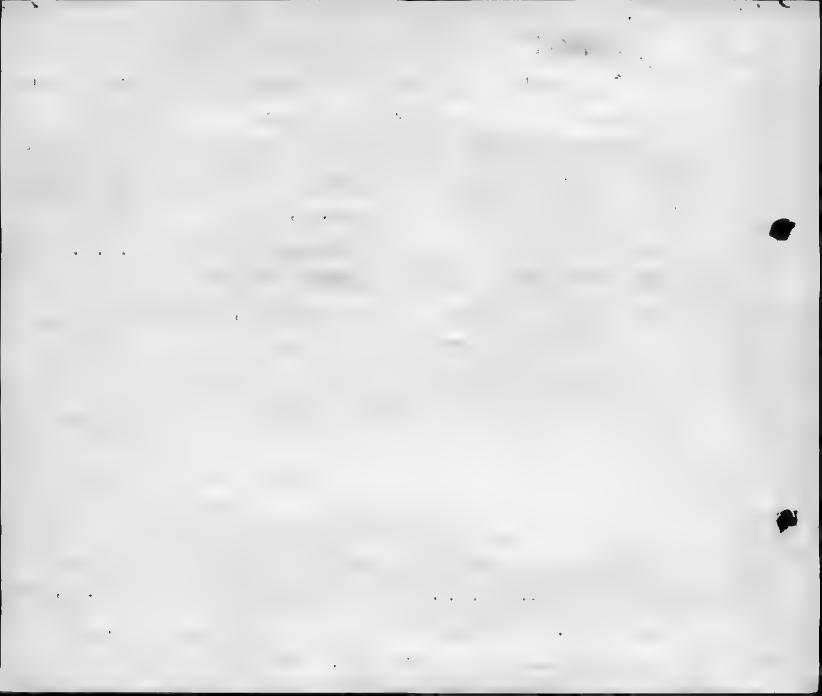
detachi FUNERAL DIRECTOR: Heal O



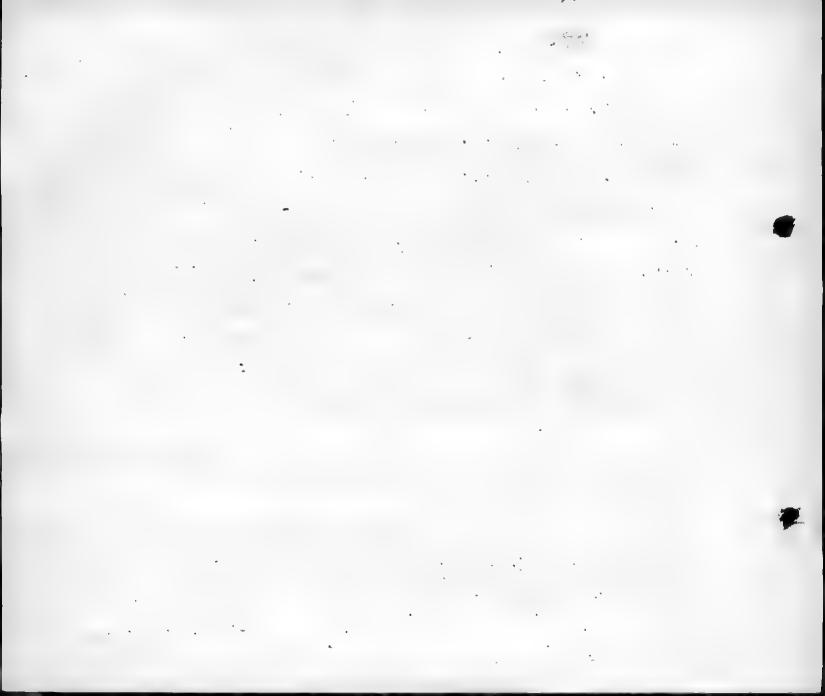
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH). PLACE OF DEATH 7. USUAL RESIDENCE (Where decessed lived, If institution, Residence before admission) a. COUNTY a. STATE 6. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete .im ts. and c LENGTH OF STAY IN 16 c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town I month and þ write RURAL and give neerast town) Washington Glenn Dale (rural 1 days d. NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give streat address) d. STREET ADDRESS IS RESIDENCE hours ON A FARM? YES NO. Glenn Dale Hospital papers. n 72 ho 3. NAME OF M ddie 4. DATE Yaar DECEASED (Typa or print) DEATH John McLeod and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NUT SEDERATED OIVORCED NICOKED 4 8. DATE OF BIRTH 9. AGE (In yeers IF UNDER I YEAR IF UNDER 24 HRS. lest birthday) Male 10a USUAL OCCUPATION (Giva kind of work 11. BIRTHPLACE County & State, or foreign country) 106, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) O'Donnels Sea. physi any Cook U-S-A-S. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John McLeod Mattie ? 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT Ad dress [Yes, no, or unkown] [(Ifyes give we rordeles af service)] 578-16-1661 Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (e), ,b,, and ,c)) INTERVAL BETWEEN MINSET AND DEATH PART I, DEATH WAS CAUSED BY: Pulmonary tuberculosis, far advanced 6 mos. MMEDIATE CAUSE (a) DUE TO gave rise to immediate cause DUE TO (a), steting the underlying cause lest. PART I. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) 19. WAS AUTOPSY Left mephrectomy 1939; partial gastrectomy 1955; diabetes mellitus, mild PERFORMED? NO X 206. ACCIDENT WAS UNDERLYING | 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part It of item 18.)
OR CONTRIBUTING | CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While While et work el work /27/......1961 ., and that death occured at P. M, from the causes and on the date stated above. saw the deceased alive on,2, 226, DATE 22e. SIGNATURE ATTENDING SIGNED death. Page 4 I director, page be file. DIRECTOR PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital NAME (Type) Moe Weiss. M.D. Glenn Dale, Md. 236/LOCATION (City, fown or county 23c. NAME OF CEMETERY OR CREMATORY 23a, BURAL, CREMATION, DATE THEREOF REMOVAL (Specify) 250, REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE VR A15 (4) DATE MAR 3 '61 15M 9/60



ARYLAND STATE DEPARTMENT OF HEALTH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2253 I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edmission) desctor. Page your files. e. COLNTY B. STATE b. COUNTY PRINCE GEORGE'S Prince George's MARYLAND Maryland b. CITY OR TOWN (if outs'de corporete l.mits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporale I m ts, write RURAL and give nearest town) write RURAL and give peerest town! RIVERDALE Dead on arrival Laurel d. NAME OF HOSPITAL OR INSTITUTION (if no) in hospitel, give street eddress) A STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO HELAND MEMORIAL HOSPITAL 1016 Marton Street NAME OF F.rst Middle Month Day Year DECEASED 3 to the OF (Type or print) DEATH Daniel Lawrence McNabb AGE (In years) If the IF UNDER 24 HRS. with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX FUNDER TYEAR DATE OF BIRTH 2 wiff last birthday) hours and e 5 m MATER WIDOWED [DIVORCED Sept. 26. VIII. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) In pencil in Item 18. Give Pages Office along with form PM3. Pa None pages II S John Joseph McNabb Jeanne Carre File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO 17. INFORMANT Address permit. (Yes, no, or unkown) (Ifyesgivewerordatesofservice) along with f transit permit and in any e John Joseph McNabb. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] Same as # 2 INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (e) Office DUE TO burial Conditions, if eny, which (b) gave rise to immediate cause DUE TO (e), stating the underlying Examiner cause lest. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6 | 19, WAS AUTOPSY CERTIFICAMON PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be NO 1 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | urial. CAUSE OF DEATH. 20s. PLACE OF INJURY (Home, farm, 1 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) fectory, streat, office bldg., etc.) While Not While et work et work prior Inspection | 21 I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion agent, Suicide death resulted from: Natural causes 12: Accident Homicide Undetermined manner DEPUTY MEDICA CHIEF MEDICAL EXAMINER designated ACTUAL ASS STANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S JAMES I. BOYD, M.D. NAME (Type Address (Street, city, town, or county) 228. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or country) (State) 117 REMOVAL (Specify) 40 Feb. .1963 Baltimore orraune Park 23. FUNERAL DIRECTOR **ADDRESS** 240. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE arthur S. Kraus P. FEB 1 5 '61 mmon 4611 Park Heights Ave



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** 2277 Rea. Dist. Nr director PLACE OF DEATH ! 2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before parassion) o. COUNTY / fired ь. соляту MARKET AND b. CITY OR TOWN (If outside Eorporate limits, write RURAL and give nearest lown) funeral OR TOWN atside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Pe should the IS RESIDENCE IL NAME OF HOSPITAD (If not in hospital, give street, address) OR INSTITUTION ON A FARM 26 YES NO .⊑ 4. DATE OF DEATH NAME OF Year Filled DECEASED (Type or print) 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5 SEX COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years lost birthdoy) Months Doys Hours ē WIDOWED DIVORCED | camp USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY during more including life, even if retired) BRITHPLACE (Stote or foreign country 12 CITIZEN OF WHAT COUNTRY? outracto pup pan 13. FATHER'S JAME 14. MOTHER'S MAIDEN NAME physician 16. SOCIAL SECURITY NO INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY MATERIOSC Y 0 11 Secres. Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES TO NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18) 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, form, | 20f (City or town) 20c TIME OF INJURY Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o.m. While Not white p. m. ot work 🔲 at work 21. I certify that I attended the deceased fram. that I last saw the deceased and that death accurred at______ alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED DIRECT ACTUAL SIGNATURI P PHYSICIAN'S FUNERAL NAME (Type) 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION, 225 DATE THEREOF 22 NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 9 ADDRESS: FUNERAL DIRECTOR'S SIGNA 24g REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) Cothun S. Amend DATE 15M 9/58 O



and completely filled in by the funeral director, on papers. Pages I and 2 shauld be filed with 2 haurs after death

ed within 24 hours after death Page 4

PHYSICIAN: The law requires that the death certificate be exmay be retained by the notificate has been signed by the ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician page 3 shauld be detached for use as the buriat-transit permit. Then please remove con the State Baard of Health priar to burial, cremation, ar removal, and in any event writin TO HOSPITAL OR ATTEND

2

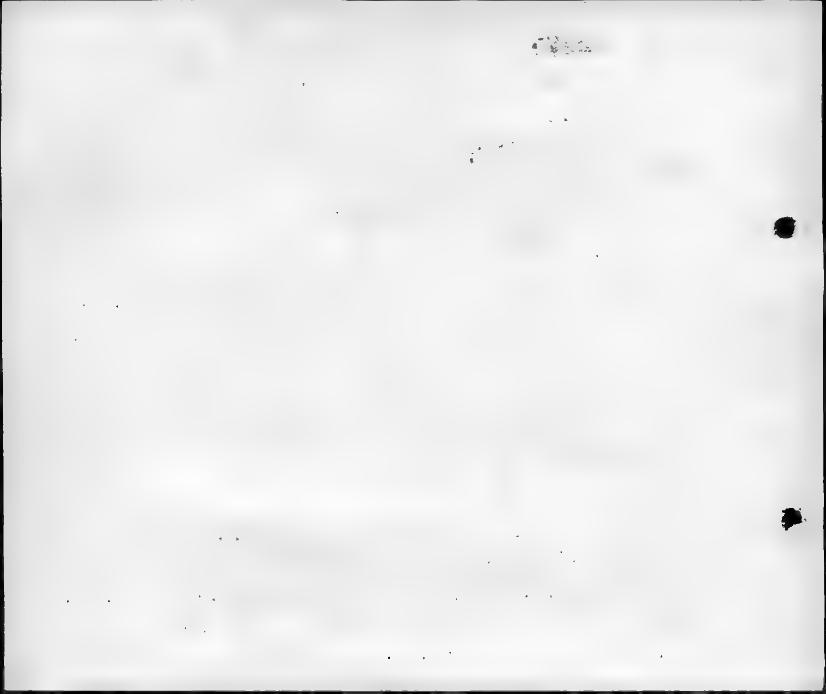
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

2278

02255

	1 PLACE OF DEATH a. COUNTY						2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) a STATE b. COUNTY								
	Prince George				MARYLA	ND		1.		B. C.	JUNIT	Prin	ce G	eorg	e_
	b. CITY OR TOWN (If outside corporate limits write RURAL and give nearest town)			c. LENGT	TH OF STAY IN	1Ь	c. CITY OR	TOWN (IF	autside carpo	orate limits,	write R				
	Chev				2 Days	74	# Co	llege	e Park						
,[d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospito), g	live street	address)		-	d. STREET A	DDRESS						e. IS RES	IDENCE FARM?
		ce George G	enera	11			1 4	216 A	Knox	Road					NO 🗍
F	3. NAME OF DECEASED	Fir		*	Middle		Las	1	4 DATE OF		Mon	oth	Da	у	Year
	(Type or print)	Tra	- 4/		Alison		Menn	nard	DEATH	1	Feb.		18		1961
	S SEX	6. COLOR OR RACE	7. MARR	RIED NE	VER MARRIED	B D	ATE OF BIRT	Н		9. AGE (In	years	IF UNDER			R 24 HRS
	Fe.	White	WIDOWE	ED 🗌	DIVORCED		eb. 16	. 196	51		yrs	Augusts	Days	Hours 3	wun
	10e USUAL OCCUPATION during most of wor	ON (Give kind of work king life, even if retired	done 10b	KIND OF	BUSINESS OR			ACE (State		country)				WHAT	OUNTRY?
		none						Md				U	S A		
	13. FATHER'S NAME					1	4 MOTHER'S	MAIDEN	NAME						
	Micha	ael Me	nnard	1			Na	nev I	iee Re	echer					
	S WAS DECEASEDEVE	R IN U. S. ARMED FOR		SOCIAL SE	CURITY NO	17, INFO	THAM			~~	Add	ress			
	1	→ = = = = = = = = = = = = = = = = = = =				Но	spita	l rec	cord	Chev	/er]	Ly Md	l.		
ſ	18. CAUSE OF DE	ATH [Enter anly one co	ouse per lin	ne for (a).	(b), and (c).]				. 1	7		,	INTE	RVAL BE	TWEEN
	PART I DE	ATH WAS CAUSED BY:	1)	6/11	dos		f; '	>	Th	un.	~	ha	- , J	12	LING
	DUE TO														
	Canditions, if a	Conditions, if any, which)													
		gave rise to immediate course (a), stating the under-													
	lying cause lost.		:												
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY														
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO On ACCIDENT WAS UNDERSYING TO 120% DESCRIPE HOW INVISION OF CHIPPED. (States are lives as Part I of State 18.)														
	OR CONTRIBUTING	20a. ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part I of item 18.)													
		MEDICAL EXAMINER)													
	20c. TIME OF INJUI	RY Month, Day, Ye	ar 20d. II While	NJURY OC	CURRED 20		OF INJURY i			y or town)		(County)		(State)
	¥ p. m.	19		rk at w	ork 🔲	,		3	1						
	21. I certify the	at (I) (this haspital	l) attend	ded the	deceased fr	om		, 19	2 , .ta_			, 19	th	at (I) (we) last
	saw the decea	sed alive an Fel	b. 18	196	1 , and th	not deat	h occurre	d at 2 :	50 Port	Mbe caus	es an	d on th	e date	stated	obave
	220 SIGNATURE	. as w 8	-2-	-00			t death occurred at 2:50 fembe causes and on the date stated above								
	many	- X. L. Ja	new	ell		M D	1	☑ D	RECTOR	STAFF PHYS [3 GIACD
	22c. PHYSICIAN'S NAME (Type)				*		22d. ADDR	ESS							
		Mary K.L.	_Sar				681	1 Rig	gs Ro	ad. Hy	att	svill	e1	4-D-	
	230 BUR AL, CREMAT (1		23c NA	ME OF CEMETI	ERY OR G	EMATORY			ATION (City,				(Stat	0)
	REMOVAL (Specify Burial	Feb 24,	1961		lingtor				Arli	ingtor	1 E	Virgi	nia		
	24 FUNERAL DIRECTOR				RESS				D BY REGIS		REGI	STRAR S SI	GNATU	RE	
	r. Gase	h's Sons	Hyat	tsví.	lle, Mo	1.		DATE FE	EB 23'	61	Cu	thung &	France	ud	



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

2279 CERTIFICATE OF DEATH

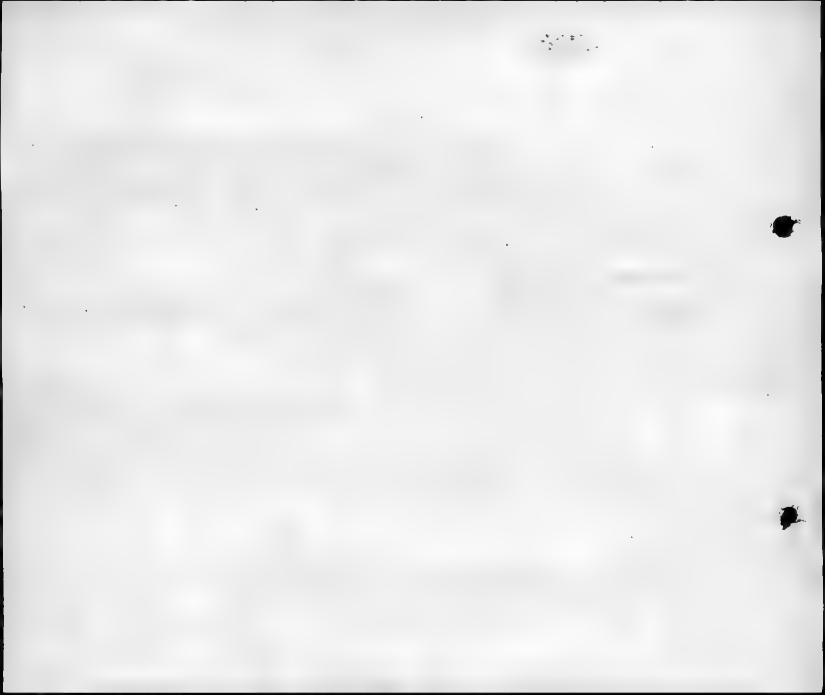
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	_		
			JSUAL RESIDENCE (Where deceased fived. If institution Residence before odm ss on) s. STATE b. COUNTY
	1		CITY OR TOWN (If jurside corporate limits, write RURAL and give rearest lower)
	- (d NAME OF HOSPITAL BY not in hospitaly give street address) OR INSTITUTION Sand Mill Coord	d. STREET ADDRESS C / Band Mill Road YES NO IS NO
		NAME OF DECEASED (Type or print) Remarks And Middle Meen	icts 4. DATE Month Day Year OF DEATH Defunds 4 196/
	5 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DA	9. AGE (In years IF HODER I YEAR IF UNDER 24 HRS last b gibday) Manths Days Hours Min
	10a	Od USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mineral carnitush	11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY
	13.		MOTHER'S MAIDEN NAME
1	15	5 MAS DECEASED EVER IN U. S. ARMED FORCES? IS SOCIAL SECURITY NO 1741NFOR. (15 yes, give wer or dodes of services)	MANY Maria Maria Address Address Andress
		(a), (b), and (c). PART I DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (o) DUE TO Conditions, If ony, which	17 Pines 110
		gove rise to immediate cause (a), stating the under: lying cause lost.	alcoholisma 1040
	CATION	PART II OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	iter nature of injury in Port I or Part II of item 18)
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 at work at work	DF INJURY (Home, farm, street, office bldg., etc.) 20f (City or tawn) (County) (State
		2: I certify that (I) (this hespital) attended the deceased from	n accurred all 1968, from the couses and on the date stated above
		220 SIGNATURE M.D. M.D.	ATTENDING MED. STAFF SIGNE PHYS. D
		22c PHYSCIAN I N. WARREN	22d. ADDRESS
	23a	230 BATAL CREMATION. 236 DATE THEREOF, 230 NAME OF CEMETERY OR CR	EMATORY 23d. LOCATION (City, town, or county) distole)
1	24		250 RECD BY REGISTRAR 256, REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDIA PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the received an attending physician and control of the received and the remaining physician and control of the remaining the state based of the page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, ar removal, and in ony event, within 72 hours after death.

VR A15 (4) 15M 9/59



TO HOSPITAL OR ATTEND

VR A1S (4) 1SM 9/S9

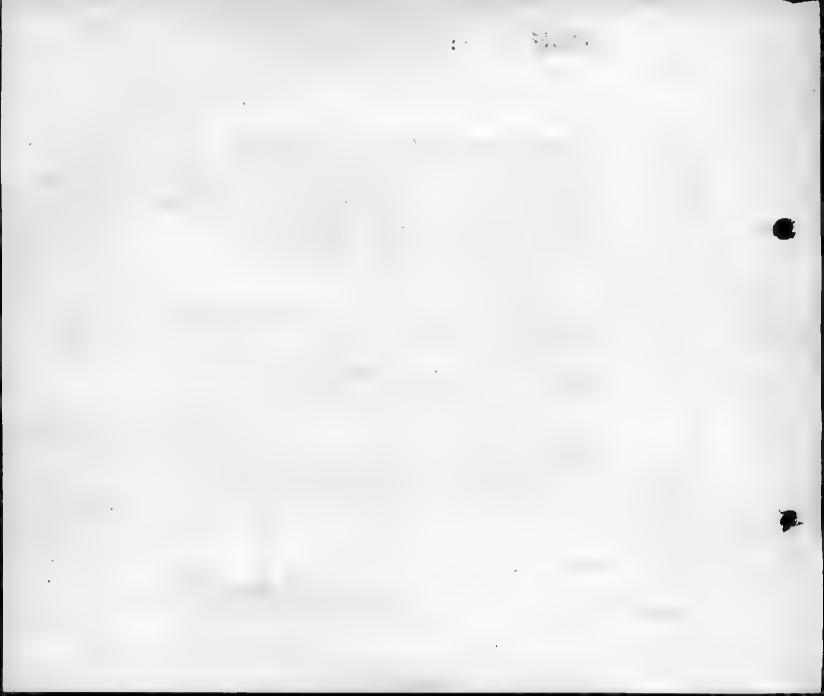
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

2280

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		PLACE OF DEATH O. COLINTY PRINCE GEORGE	MARYLAND	o STATE	ere deceased lived If institution Reso	dence before admission)
7			OF A	c. CITY OR TOWN (IF OF A STREET ADDRESS)	unide corporate itmits, write RURAL as the two od	e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECRASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED	Middle //e// NEVER MARRIED	OCAC. B. DATE OF BIRTH	4. DATE Month OF DEATH P AGE (In years IF UNE	Doy Year 196
	10a	USUAL OCCUPATION (Give kind of work done 10b, KIND (DIVORCED [at 15 180	65 Post birthdoy) Month	
		FATHER'S NAME	te Fam.	14. MOTHER'S MAIDEN N	Mane 1211	4.5 17
	10.	WAS DÉCEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	COUNTY NO. 117 IN	MARGIAK.	et Plackst	on
		in, no or uptnoyth) (If yes, give wor or dates of service)	L SECURITY NO 17. II	Houde L.C	silbert 45.	14 Bannon
		IB. CAUSE OF DEATH {Enter only one couse per line for (PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	o), (b) and (c)]	M		INTERVAL BETWEEN ONSET AND DEATH
		DUE TO Conditions if ony, which)	Viner	Allera		70
		gove rise to immediate couse (a), stating the under-	7 0000	muser		
	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	nal disease condition given in I	PART I(o) 19 WAS AUTOPSY PERFORMED? YES NO
)		205. ACCIDENT WAS UNDERLYING 205. DESCRIBE FOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OW INJURY OCCURRE	D (Enter noture of injury in P	Port Lor Part Lof Item 18)	
	MEDICAL			ACE OF INJURY (Home form, ctory, street, office bldg., etc.		(County) (State)
			4 8	leath accurred at 9	59, to $9 = 19M from the causes and an$	the date stated above
		220 SIGNATURE LYNN AND HTM			RECTOR STAFF	12-1-USIGNED
		DZ-PHYSIČIAN'S NAME (Type)	,	22d. ADDRESS	Hypthoul	1. Mill.
	230	NEWOVAL (Specify) 2-4-61	Woodle	R CREMATORY	23d ADCATION (City town, or count	d 12.10C
	24	function of the second	10DRESS 14925 16	Icone 250 REC'T	B 6 161 Callun	SIGNATURE S. TOWN



CERTIFICATE OF DEATH

N	(a) (b) (c) (d) (d)					- 0	A (O ()			
j	Place of Death COUNTY Prince Georges	MARYLAND	2 USUAL RESIDENCE (Who		If institution	n. Residence bef	ore adm ssion)			
1	Frince Georges	MARTEAU	D. C.							
1	b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF RURAL and give nearest town) 2 month	c. CITY OR TOWN (If or	ulside corporate timi	is, write KU	KAT and dive he	arest town)	ľ			
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (rural) c. LENGTH OF 2 month 8 days		Washir	ngton				-		
	d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS				ON A FARM	NS		
Į	Glenn Dale Hospital	1000	12th St.,	SE Ap	ot 310	YES NO	ש			
	DECEASED	Widdle	Lost	4. DATE OF DEATH	Month	D	ay Year			
ŀ	(Type or print) Gertrude	-	Murphy		2	E III IOCO I VEI	196			
١	5 SEX 6. COLOR OR RACE 7 MARRIED NEVER	MARRIED 🗌	8. DATE OF BIRTH	9. AGE		Months Days	R IF UNDER 24 I			
1	Female White WIDOWED DIV	ORCED 📆	5/1/10	50						
ı	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSIN during most of working life, even if retired)	ESS OR INDUS	TRY 11, BIRTHPLACE (State	ar foreign country)		12 CITIZEN C	F WHAT COUNT	TRY?		
d	Clerk D.U.C. H		Virginia			USA				
"	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME						
	John Spriggs		Isabell T	r7 ^**						
ł	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURI	TY NO. 17. IN	FORMANT	CTGT.	Addre	35				
	(Yes. no. or unknown) (If yes, give war or dates of service)		Decedent							
ŀ	No , - Unknown		Decedeno	14		Lasa	PERMAI DETMAR			
ı	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), or		TERVAL BETWEE ISET AND DEAT							
١	PART 1 DEATH WAS CAUSED BY- IMMEDIATE CAUSE (a) Acute he		3 days	3						
DUE TO										
1	Conditions, if ony, which) (b) Laennecs		Unknown	1						
1	gove rise to immediate DISTO									
1	lying cause last.									
1	/ (-)									
1	PERFORMED? None									
1	20a ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18)									
	OR CONTRIBLTING (1) CALSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)									
1	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURR Hour o.m. 19 While Not while at work of work		ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.	, 20f. (City or town	n)	(County) (S	tate)		
	Hour a.m. pm. While Not while at work at work		,,,	1						
1	21 I certify that (I) (this haspital) attended the dece	ared from	12/9/ . 100	20 . ta2	/17/	1961 1	hat (I) (we)	last		
			leath accurred at P	1						
	220 SIGNATURE	ong mai u	leain discorred at 2.4.	m, irani ilie co	Joses Cinc	gir me da	226. DAT			
	less were	M.D PHYS DI	ED STAF	F []			NED			
	22c PHYSICIAN'S		22d. ADDRESS	Glenn Dal		nital	1-4 - 1-4 -			
	Moe Weiss, M. D.			Glenn Da			-			
		F CEMETERY O	R CREMATORY	23d LOCATION (C	ity town, o	r county)	(Stote)			
لر	REMOVAL (Specify) 2/20 (6) Springs	es Fam.	14 Comotone	Spotters	VAANA	& Co. L	a.			
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS) ** V *////	286 REC'	and DECUCEDAD	256 REG15	RAR'S SIGNAT	URE			
	John M. P. Water Ham Locust	James	LA DATE FEI	3 2 3 '61	Ciri	lug 2. The	A			
	JOHNSON TUNERAL HOME -OCUST	Drure,	Wat 1							

the attending physician and completely filled in by the funeral directar. Then please remove carbon papers. Pages I and 2 should be filed with within 24 hours after death Page 4 H

may be retained by the help of a attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remark carbon papers. Pages I the bard of Health priar to burial, are remaral, and in any event, within 72 hours after death. VR A15 [4] 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

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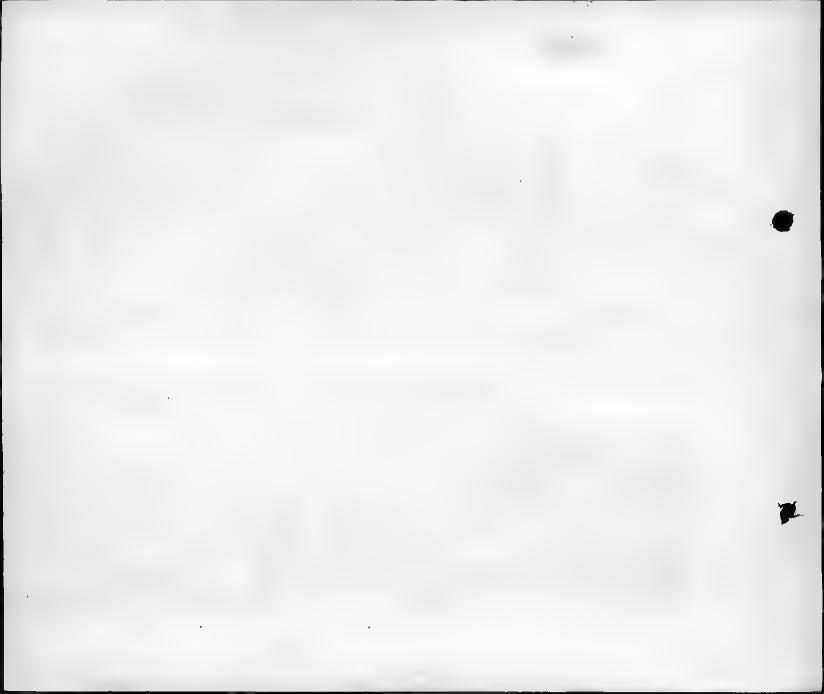
	2282	CERTIFICA	ATE OF DEATH	(12253
1	PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived if institution as STATE b. COUNTY	Residence before admission)
1)	PRINCE GEORGES	MARYLAND	DISTRICT OF COLUMBIA	H 71 *
1	b. CITY OR TOWN (If outside corporate limit RURAL and give negrest town)		c CITY OR TOWN (If autside corporate limits, write RUR	AL and give nearest town)
1	ANDREWS AIR FORCE BAS	E 12 DAYS	WASHINGTON (BOLLING AIR	R FORCE BASE)
Г	d NAME OF HOSPITAL (If not in hospital go	ive street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
ı	USAF HOSPITAL ANDREWS	AFB WASH 25 DC	67 WESTOVER AVENUE	YES NO X
3	NAME OF Fin	st Middle	Lost 4. DATE Month	Doy Yeor
1	(Type or print) GRAC	E MILLICENT	NEWMAN DEATH FEBRUAR	RY 21 19 61
1	SEX 6 COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF	UNDER I YEAR IF UNDER 24 HRS
1	FEMALE CAUCASIAN	WIDOWED TO DIVORCED	9 NOVEMBER 1876 lost birthday) A	Months Days Hours Min.
1	Do SUAL OCCUPATION (Give kind of work of	done 10b KIND OF 8USINESS OR INDL	JSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Т	during mast of warking life, even if retired) HOUSEWIFE	NONE	NEW YORK	UNITED STATES
li	3. FATHER'S NAME	RORE	14. MOTHER'S MAIDEN NAME	
	NOBL	E	BIANCA DUAL	
1	S. WAS DECEASED EVER IN U. S ARMED FOR	CES? 16. SOCIAL SECURITY NO 117 1	INFORMANT Address	8
ı	(Yes, no, or unknown) (If yes, give wor or dates of so	eusica]	HOSPITAL RECORDS	
F	18. CAUSE OF DEATH Enter only one co	suse per line for (a) (b) and (c)]	TIGGETT THE TIECOR SIS	INTERVAL BETWEEN
ł	PART I DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)		TENSIVE EPISODE	ONSET AND DEATH
1	IMMEDIATE CAUSE (o		1202102 21022	/ " " " " " " " " " " " " " " " " " " "
1	Canditions if ony, which	INTRAVASC	ULAR THROMBOSIS	24 hours
1	gave rise to immediate	7————	VEAR 1771017180213	
	couse (a), stoting the under-		IL CARDIO- VASCULAR DISEAS	5/
		7	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART 1(6) 19. WAS AUTOPSY
	PART II OTHER SIGNIFICANT CON	1 (PERFORMED?
			ED. (Enter nature of injury in Part 1 or Part II of item 18)	1 1 2 1 1 1
ı	200 ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	•		
	20c. TIME OF INJURY Month, Doy Yes	or 20d INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form, 120f, (City or town)	(County) (State)
	Hour a m.	While Nat while fo	octory, street, office bldg , etc.)	(
ľ			9 Fohrusry - 61 21 Fohrusr	737 (2
			9 February 19 61 to 21 Februar	
	270 SIGRATURE	reordal 1901 , and that	death accurred at 1.210A fram the causes and	an the date stated above
ı	The FX	agine.	M.D PHYS. DIRECTOR D STAFF 21	SIGNED
ı	22c PHYSIC AN S	cone	M.D PHYS. DIRECTOR PHYS 21 22d. ADDRESS	February 1961
ı	JOHN F'X CLINE, (MD)	CAPT USAF MC	USAF HOSPITAL ANDREWS AFE	UASUINCTON 25 D
-				
1	REMOVAL (Specify) 236 DATE THEREC	. /	1	county) (State)
1	CRONHTION 23 FEB. 19			A.C.
1	D T //	ADDRESS	1-11	
н	RENTAL NI HUNGERAL HE	MF Lac Olb Mak Al	(E 10/15/H-YDATE FER 2.3 '61) Out	1. 7 8 4

PHYSICIAN: The law requires that the death certificate be execut

within 24 hours after death. Page 4

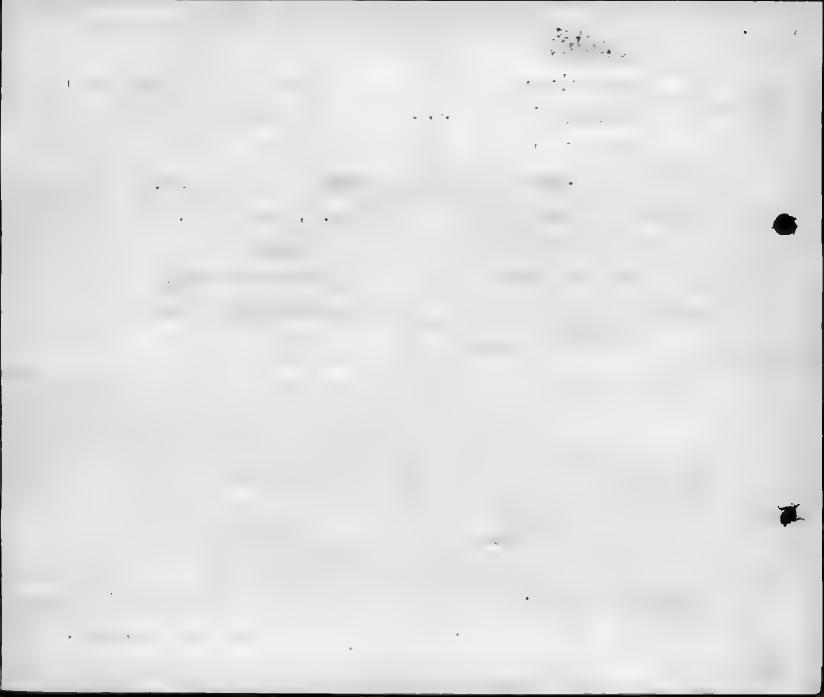
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TO HOSPITAL OR ATTENDINE VR A1S (4) ISM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH

. COUNTY MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased i ved. If institution: Residence before edmission) e. STATE b. COUNTY Prince George's MARYLAND MARYLAND PRINCE GEORGE'S b. CITY OR TOWN (if outs de corporete I mits. E. LENGTH OF STAY IN 16 CITY OR TOWN (If outs de corporale I m ts, write RURAL and give naarest town) director. write RURAL and give neerest town). D.O.A. CHEEV HIRITY UPPER MARLBORO d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) STREET ADDRESS . IS RESIDENCE ON A FARM? PRINCE GEORGE'S GENERAL HOSPITAL BOX #2367 YES NO 3 NAME OF Middle. 4. DATE Month DECEASED OF (Type or print) DEATH JUNON MARVIN 1%] Feb. with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BRITE AGE (In years FUNDER 1 YEAR) IF UNDER 24 HRS. Sge 5 may 1 and 2 will 72 hours lest birthday) | Months | and Devs Hours MAT.R WIDOWED [DIVORCED 4 Mos 10e. USUAL OCCUPATION (Give kind of work 1 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 18. Give Pages 1 MOMB. CHILD MONE MARYLAND S - 3 13. FATHER'S NAME 14. MOTHER'S MA DEN NAME JAMES HERMAN NEWMAN BENEFIT ZARBIONES TROMA BENEFITA 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ! (If yes give we rar detes of service) No JAMES HERMAN NEWMAN No Same as #2 18. CAUSE OF DEATH [Enter only one cause per line for (e), .b], and (c).] INTERVAL BETWEEN along fransit ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) Preumonia Office **DUE TO** Conditions, if any, which gave rise to immediate cause. DUE TO (e), steting the underlying cause lest. PART II. OTHER S.GNIF. CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED? cremati NO E Med cal plnods 208 EXTERNAL CALSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert I of Item 18.) PRIMARY [7] or CONTRIBUTING [7] 1 CAUSE OF DEATH. execute the certificate, writing 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Year (County) (State) fectory, street, office bldg., etc.) While Not While Hour e.m. led to the CIOR: Pa et work et work 10 \ prior forwarded to the Inquiry 👗 and in my opinion DEPUTY MEDICAL Natural causes death resulted from. Suicide Homicide | Undetermined manner Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S JAMES I. BOYD NAME (Type) Address (Street, city, town, or county) 220 BURIAL, CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Burial 40 p Mt. Cemeter 248 REC'D BY REGISTRARY THE REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR ATSME Ritchie Bros.Fun'l Home-Upper Marlboro. DATE FEB 1 4 '61 Souther J. Home)

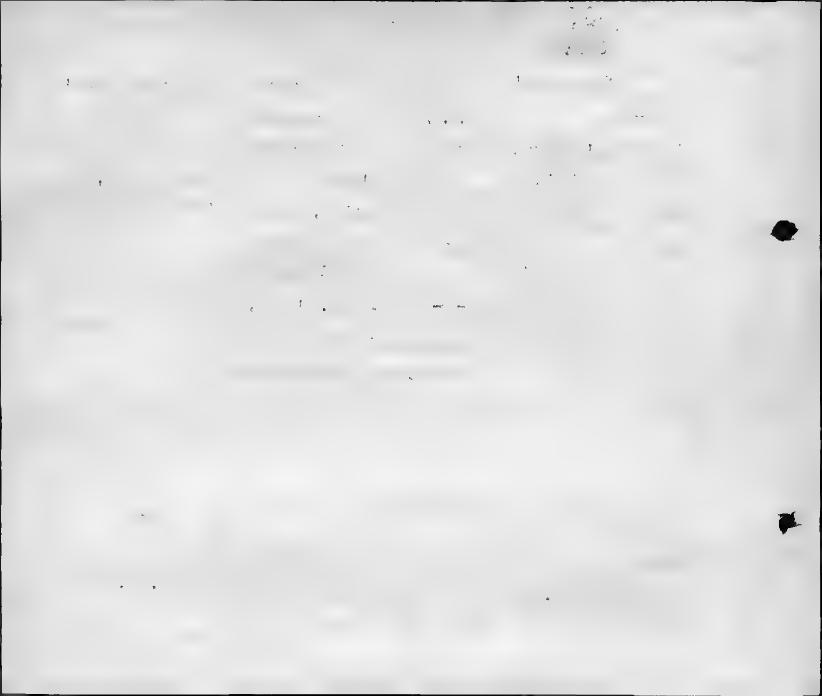




301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS. FOR STATE CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution, Residence before edmission) e. COUNTY and 3 to the funeral director. Page may be retained for your files.

2 with the State Board of Health, e. STATE is necessary Prince George's MARYLAND Maryland Prince George's b CITY OR TOWN (if outs de corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate him ts, write RURAL and give nearest lown) retained for your write RURAL and give neerest town Cheverly
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address Hvattsville d. STREET ADDRESS e, IS RESIDENCE If any delay ON A FARM? 5421 McBeth Street Prince George's General Hospital YES NOT death. 3. NAME OF Middie 4. DATE Month DECEASED William Wilson 1961 (Type or print) O! Brien DESTH February 20 6. COLOR OR RACE, 7. MARRITONEN NEVER MARRIED 5. SFX B. DATE OF BIRTH 9. AGE In yeers I IF UNDER 1 YEAR ! IF UNDER 24 HRS. last birthday) Hours l and 2 Male WIDOWED [DIVORCED [10e USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Page S done during most of working life, even if retired) Brewery Pennsylvania USA in pencil in Item 18, Give Pages Office along with form PM3. Pa Clerk This certificate should be executed within 24 hour pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Thomas O'Brien Elizabeth Rath 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address permit. Yes no, or unkown) (Ifyesg: yewer or dates of service) Office along with for burial-transit permit amoval, and in any e Ehhel W. O'Brien, Same as # 2 18 CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Acute congestive heart failure IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic heart disease Conditions, if any, which gave rise to immediate cause (6) Examiner's DUE TO (e), stating the underlying 38 cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY CERTIFICATION PERFORMED? 8 the word NO Medical plnous 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. O Deross execute the certificate, writing please execute the certificate, writing 4 should be forwarded to the Chief of structure. DIRECTOR, Page 3 s 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Not While Hour e.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | T Inquiry X and in my opinion death resulted from-Natural causes Suicide Undetermined manner DEPUTY MEDICA Accident Homicide I CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER 20. EXAMINER'S James I. Boyd NAME (Type) Address (Street, city, town, or county) 226. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Specify) Leesburg, 40 6 Union Cemetery Co. Burial 23. FUNERAL DIRECTOR 240 REC'D BY REGISTRAR | 246 REGISTRAR'S SIGNATURE FEB 2 7 '61 VS. A15ME arthur S. Thraces 5M 7/59 F. Gasch's Sons Hyattsville, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



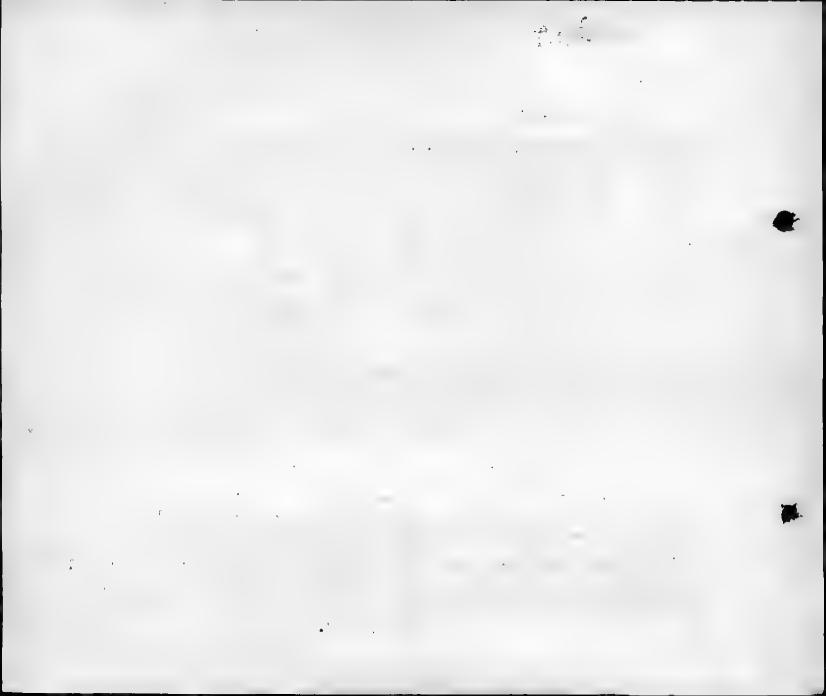
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND

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1 PLACE OF DEATH	1tems /,1/, 2/ 1/1		eceased lived. If institution, Residence	e before admission)		
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ANDREWS AIR FORCE BAS	E	DISTRICT HETCH	rs			
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5 SEX 6 COLOR OR RACE	7. MARRIED X NEVER MARRIED	8 DATE OF BIRTH		1 YEAR IF UNDER 24 HRS Doys Hours Min.		
MALE CAUCASTAN	WIDOWED DIVORCED	30 NOVEMBER 1909	9 51 yrs			
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Construction Inspecto	r Civil Service	VIRGINTA		USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
FRANK C ODELL		WINNIE ODELL				
15. WAS DECEASED EVER IN U. S. ARMED FO (Yes, no, or unknown) (II yes, give war or distes of		NFORMANT Mrs. Mary S'ÆRANK/ØDEVUWY		ife)		
18. CAUSE OF DEATH [Enter anly one c	ouse per line far (a), (b), and (c).]	711111111111	777	INTERVAL BETWEEN		
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gove rise to immediate couse (a), stating the under-	gove rise to immediate couse (a), stating the <u>under-</u>					
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OR CONTRIBUTING CAUSE OF DEATH	Accidentaly shot o			OSI tion by FBI		
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	61 of work X of work Cor	p Engr Bldg A	indrews Air Force	Base, MD.		
21 I certify that M (this haspita	i) Minima to the State of Mark	DOA XXXON	xx February 17 196	L, that (i) (9696) las		
	ebruary 61, and that o		fram the causes and an the	date stated above		
THEODORE RICHAY	Rayor USAF MC	M.D. ATTENDING MED DIRECTO	OR D STAFF 4 17 Feb	22b DATE SIGNED ruary 1961		
22c. PHYSICIAN'S NAME (Type) THEODORE W RICHEY	Major USAF MC	USAF Hospita	1 Andrews AFB, W	ash 25, DC		
23a BUR AL, CREMATION, 23b DATE THERE	- 1 4 01 5700 5	OR CREMATORY 23d	LOCATION (City fown, or county)	(Stote)		
BUYIAL 20 JEUI	961 KINGSG 1874)		TICKORY.	Va-		
24 FUNERAL DIRECTOR'S SIGNATURE	forme 300-44 St.)	PO Wash DE DATEEB 2 1	1			
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hot. Plan attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fulled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremotion, an removal, and in any event, within 2 hours after death

VR A15 (4) 15M 9/59



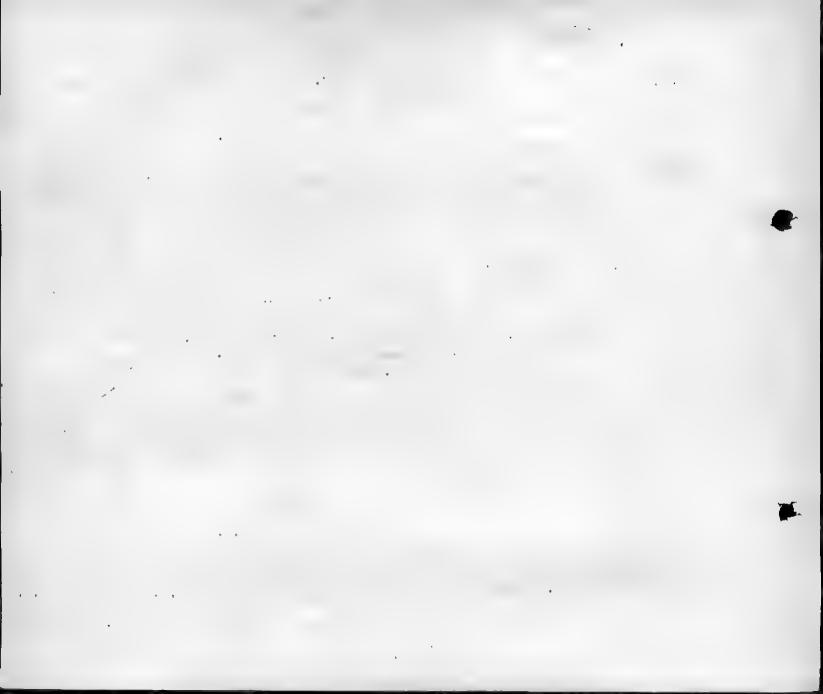
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) filed a COUNTY a STATE b. COUNTY MARYLAND Prince George Prince George the funeral shauld be fi b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give negres) fawn) RURAL and give negrest town) Riverdale Cheverly d NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e IS RESIDENCE ON A FARM? 5h00 Powatan St. 26 YES 🔲 NO 🌁 and a Prince George General NAME OF 4. DATE Middle Month Lost Day Year DECEASED DEATH (Type or print) Feb. 1961 Oliveri George IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years lost bighdoy) White WIDOWED | DIVORCED [7] 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) and 2 13. FATHER'S NAME 207 physician within геточе 17 INFORMANT WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 30-09-7237 ottending INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c) 1 ONSET AND DEATH ä PART I. DEATH WAS CAUSED BY: Myocardial Infarction - Occlusion of rt. cononary - 30) remain IMMEDIATE CAUSE (a) artery - Coronary Arterosclootic Ht. disease Conditions, if ony, which Bronchogenic Ca. with metastases beuß gave rise to immediate DUE TO cause (a), stating the underlying cause last PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (6) 19 WAS AUTOPS PERFORMED? YES DO NO TI 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) Doy, Year factory, street, office bldg., etc.) Hour a m. While Not while at work 🔲 at work 📋 1961 10 Feb 13, 21. I certify that (I) (this hospital) attended the deceased from Jan 10 that (I) (see) last 61, and that Seath accurred at 3:20. ParMithe causes and an the date stated above. saw the deceased-alive an FUNERAL DIRECTOR: 220 S GNAJURÉ S GNED MED DIRECTOR d, 22c PHYSICIAN'S Roy G. Klepser 1835 Eye Street, N.W. Washington, D.C. 236 DATE THEREOF SURIAL CREMATION NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0

25a REC'D BY REGISTRAR

DATE FEB

Cushing S. Kraud

24 FUNERAL DIRECTOR'S SIGNATURE



MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution: Residence director. P. vour files. e. COUNTY b. COUNTY PRINCE GEORGE'S PRINCE GEORGE'S MARYLAND b CITY OR TOWN (if putside corporate limits, c. CITY OR TOWN (floutside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 for your I write RURAL and a ve neerest town) BASE PINES CHERON/BHEARY d STREET ADDRESS d. NAME OF HOSP TAL OR INSTITUTION (if not in hosp tel, give street eddress) a. IS RESIDENCE ON A FARM? PRINCE GEORGE'S GENERAL HOSPITAL - 64th PLACE YES NO I State 4. DATE 3 NAME OF M ddle Month DECEASED ORNOLD DEATH (Type or print) WITTIT IW Kendidinain: 1961. February 6. COLOR OR RACE 7. MARRIED WEVER MARRIED AGE (In years (IF UNDER) YEAR IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH \$ l and 2 will 72 hours lest birthday) Months MATE WIDOWED | DIVORCED July 1. yrs. 10s. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Transportation Ohio Cab Driver pages 1 pencil in Item 18, Give Pagince along with form PM3, ial-transit permit. File page 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Emma Colgan Harry Vernon Omold 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INPORMANT Address [Yes, no, or unknwh] I flyes give we for detes of service? Mrs Edna Ornold 5723,64th Pl., East Pines, Md. W.W. Yes WW 11 199--03--9652 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Acute congestive heart failure IMMEDIATE CAUSE (e) DUE TO burial Myocarditis. Arteriosclerotic heart disease gave rise to immediate DUE TO (e), steting the underlying 的 PART | OTHER S GNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? execute the certificate, writing the word lid be forwarded to the Chief Medical ENERAL DIRECTOR: Page 3 should be No I should 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part Lor Pert Lor Atem 18.) PRIMARY | or CONTRIBUTING | Chief 2Dd. INJURY OCCURRED , 20s. PLACE OF INJURY (Home, form, ; 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yeer (County) (State) Not While factory, street, office bldg., etc.) While Hour a.m. et work et work OR 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry 😾 and in my opinion should be forwarded FUNERAL DIRECT Natural causes XI. Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER IX EXAMINER'S NAME (!)pe) JAMES I. BOYD Address (Street, city, town, or county) 228, BURIAL, CREMATION, 226, DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stere) REMOVAL (Speculy) 40 p Arlington Virginia Burial Arlington National 23. FUNERAL DIRECTOR VS. A15ME Orthun S. Hours W. W. CHAMBERS CO... Riverdla. Md. DATE FEB 8 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, 1, PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission), o. STATE o. COUNTY nce George **b** COUNTY filed MARYLAND within 24 hours after death. funerol b CITY OR TOWN (If outside corporate limits, write c. RENGTH OF STAY IN 16 c. CITY OR TOWN (If pulside corporale limits, write RURAL and give nearest town) RURAL and give pearest fown)
Cheveriv Washington the shou d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospitol, give street oddress) ON A FARM? OR INSTITUTION 2810 Rhode Island Ave.N.E. 25 Prince George General YES TI NO TO NAME OF 4. DATE Middle Filled OF DEATH Parke Feb. 61 Mary death (Type or print) 19 Poges AGE (In years birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days White WIDOWED DIVORCED [YIS 12. CITIZEN OF WHAT COUNTRY? 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) guq carbon 13. FATHER'S NAME physician ent, within remove IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO **INFORMAN** offending eose INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line foe (a), (b), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. buriol-transit PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 1. ... 'N GIVEN IN PART 1601 19, WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING A OR CONTRIBUTING A CAUSE OF DEATH .. Port I or Port II of item 18 1 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noise (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or town) (Stote) Dov. Year (County) foctory, street, office bldg., etc.) WED. Hour o m. Wh le Not while of work of work p. m. 21. I certify that (1) (this haspital) attended the deceased fram. Jan. 19.6.1, that (1) (we) last 19 61 and that death accurred at Feb. ö may be retained by the k. FUNERAL DIRECTOR: A page 3 should be detached saw the deceased alive an M, fram the causes and an the date stated above. 22o. SIGNATUR SIGNED STAFF ATTENDING PHYS M.D. DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS NAME (Type) 1746 K Street N.W. George Henry McLain 23d LOCATION (City, town, or county) BURIAL CREMATION DATE THEREOF YOE. REMOVAL (Apecify) 0 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 250 RECID BY REGISTRAR VR A1S (4) DATE 15M 9/\$9



death haurs after that physician ending



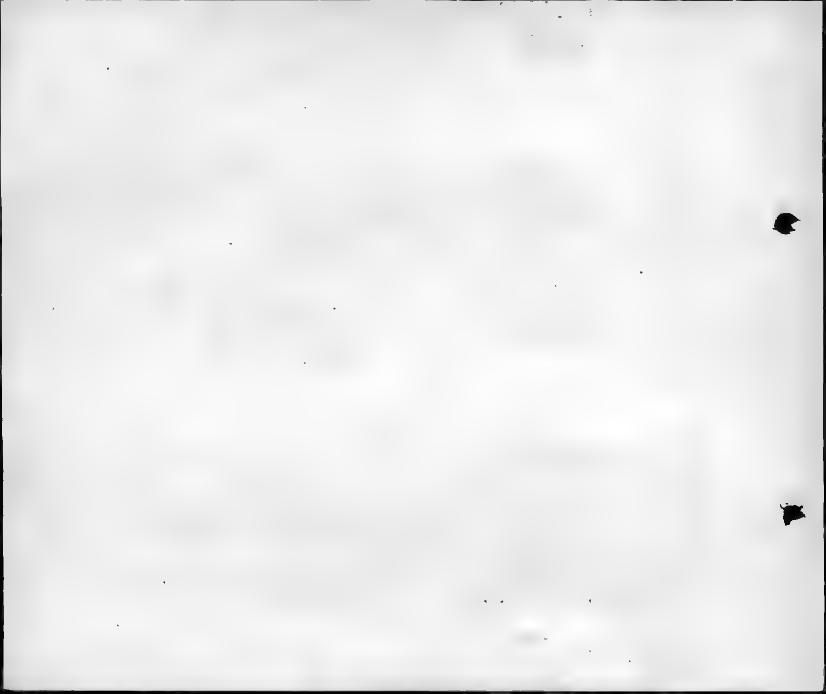
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	PLACE OF DEATH PICTURE GOORGE	MARYLAND	2 USUAL RESIDENCE (Where decease o. STATE Mary Land	ed lived If institution, Residence b. COUNTY Princ	e George	
	5 CITY OR TOWN (If autside corporate limits, write Chever Ly	c LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside con Fairmont Height		re nearest town)	
\[/[d NAME OF HOSPITAL (If not in hospital, give street or institution Prince George's General	Hospital	d. STREET ADDRESS 708 60th Place		o is residence On a farm? YES NO	
	NAME OF DECEASED (Type or print) First Tillia	Middle n	Price 4. DATE OF DEAT	H February	26 Yeor 61	
1	Female 6. COLOR OR RACE 7. MARK Colored WIDOWI	The state of the s	B DATE OF BIRTH July 29 1902	111311554111 51111	YEAR IF UNDER 24 HRS Days Hours Min,	
	00 USUAL OCCUPATION (Give kind of work done libb. during most of working life, even if retired) Unemployed	KIND OF BUSINESS OR INDUS	Norristown, Pa		EN OF WHAT COUNTRY	
	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
ı	Hugh T. Williams		Nettie W	illiams		
ŀ		SOCIAL SECURITY NO. 17. IN	FORMANT	Address		
ı	(Yas, no, or unknown) [If yes, give war or dates of service]	H	ugn C. Barnes	4822 10tn	St., N.E.	
	IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I DEATH WAS CAUSED BY Pulmonary Embolus DUE TO DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DIAMEDIATE CAUSE (a) DUE TO INTERVAL BETWEEN ONSELAND, DEATH DUE TO DUE TO INTERVAL BETWEEN ONSELAND, DEATH DUE TO DUE TO DUE TO INTERVAL BETWEEN DUE TO DUE TO					
	gove rise to immediate couse (a), stating the under: ying couse lost. (c)		Edominal Hernia Re		6 Days	
					PERFORMED? YES NO	
PART 1. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE COND. TON GIVEN IN PART 1(a) 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
	Haur o.m. While	I. a	ACE OF INJURY (Home, form, 20f. (Citory, street, office bldg., etc.)	ity or town) (Co	unty) (Stote	
	21 I certify that (I) (this hospital) attends saw the deceased alive an Fab 26.		Feb 17 1961, to leath occurred at \$250 for	Feb 26 1961		
	1 / mas L. Coles	m. 2.57	M. D. ATTENDING MED. DIRECTOR [_ STAFF	22b. DATE SIGNED	
	NAME (Type) Thomas G. Edison, M.D.		1015 pvng	St. Selvers	preny met	
	BUTTEL (Specify) 3-2-	23: NAME OF CEMETERY OF Lincoln Mem		ATION (City town, or country) ryland	(Stote)	
	FUNETEL PIRECTOR'S SIGNATURE	ADDRESS 2	A REC'D BY REGI	STRAR 256, REGISTRAR'S SIGN		

TO HOSPITAL OR ATTENDIT. PHYSICIAN: The low requires that the death certificate be exected within 24 hours after death. Page 4 may be related by the kerry of or alterding physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fitted in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Baard of Health prior to burial, cremation, ar remayal, and in any event, within 72 hours, offer death.

VR A15 (4) 15M 9/59



MARYLAND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I vad, If institution: Residence before edmission) a. COUNTY Page a. STATE b. COUNTY Prince Georges County Prince Georges MARYLAND b. CITY OR TOWN (if outside corporete I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) write RURAL and give neerest town! Cheverly Huntsville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) e. IS RESIDENCE 3 to the funeral ON A FARM? Box #64 Huntaville Rd. retained State YES | NO Prince Georges General Hospital 3. NAME OF Middle 4. DATE DECERSED OF 110 (Type or print) GREGORY DEATH PILIPHON February with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE III Years IF UNDER I YEAR 8. DATE OF SIRTH IF UNDER 24 HRS may 2 and 2 w last birthday) and WIDOWED [DIVORCED [Mav 10a. USUAL OCCUPATION (G va kind of work 11, BIRTHPLACE (State or fore gn country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? Page done during most of working life, even if retired) in pencil in Item 18. Give Pages 1, pages 1 a Cheverly Maryland

14. MOTHER'S MAIDEN NAME U.S.A. This certificate should be executed within 24 hour Infant Child along with form PM3. transit permit. File page 13. FATHER'S NAME Landon Parker Edith Queen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INPORMANT (Yes, no, or unknwn) | (If yes give wer or detes of service) Edith Queen, Box #64 .Huntsville None None 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY. Meningitis IMMEDIATE CAUSE (a) Office **DUE TO** Conditions, if any, which (6) "pending" gave rise to immediate cause DUE TO (a), steting the underlying Examiner cause lest. pesn cremation, PART II, OTHER S, GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? Medical Ex should be the word NO T CERTIFICA Pneumonia 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) PRIMARY IT OF CONTRIBUTING IT CAUSE OF DEATH. lease execute the certificate, writing should be forwarded to the Chief PrunERAL DIRECTOR: Page 3 s its designated agent, prior to buria 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f. (City or fown) 20c. TIME OF INJURY Month, Day, Year (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion DEPUTY MEDICAL Natural causes X. Suicide death resulted from: Accident Homicide 1 Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER IX February 10, 1961 EXAMINER'S BOYD, M.D. NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION 22d. POCATION (City, town, or country) 222 NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 40 9 245. REGISTRAR'S SIGNATURE VS. A15ME Orthur S. Kraus IM 7/59 LOOM

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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Hours

INTERVAL BETWEEN

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2/2/61

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DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2294 al director, filed with Page 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before/adm ssidn) PLACE OF DEATH a COUNTY a. STATE b. COUNTY MARYLAND hours after death. the funeral shauld be fil b. CITY OR TOWN (If outside corporate Jimits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give searest fown) RURAL and give nearest town) e. IS RESIDENCE d. NAME OF HOSPITAL (If not in haspital, give street öddress) d. STREET ADDRESS ON A FARM? OR INSTITUTION 52 YES NOX and .5 NAME OF 4. DATE Middle Month Day filled ges 1 c OF DEATH letely fille s. Pages death (Type or print) 26 961 6 AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS. 5 SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months: Days De WIDOWED | DIVORCED | 12 CITIZEN OF WHAT COUNTRY? 18a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND OF, BUSINESS OR INDUSTRY 1. BIRTHPLACE (State or fareign country. during most of working life, even if retired) and Pon 2 13. FATHER'S NAME 14 MOTHER'S MAIDEN 507 physician within remove 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. attending please INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] ONSET AND DEA PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to the DUE TO permit. Canditions, if only, which (b) been signed gave rise to immediate **DUE TO** cause (a), stating the underlying couse last bur al-transit attending physicion (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1601 19 WAS AUTOPSY cremation, PERFORMED? has YES NO PHYSICIAN: The 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 11 of item 18.) 200 ACCIDENT WAS UNDERLYING ! certificate OR CONTRIBUTING | CAUSE OF DEATH ਜ e (IF EITHER, NOTIFY MEDICAL EXAMINER) burial, MEDICAL S 20c TIME OF INJURY 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home form, 20f. (City or town) (County) (Stote) Doy, Year factory, street, office bldg., etc.) P Hour o. m. While Not while this at work at work 70 p. m. Affer 19_6 J. that (I) (we) last 21 I certify that (I) (this haspital) attended the deceased from detached Health 19 saw the deceased alive an and that death accurred at M. from the causes and an the date stated above TO FUNERAL DIRECTOR: 226 DATE 22a SIGNATURE ATTENDING SIGNED MED DIRECTOR STAFF PHYS jo 9 M D Board 22c PHYSICIAN'S 22d ADDRESS 3 should NAME (Type) poge 3 sh the State 235 DATE THEREOF 23d BURIAL CREMATION. 23c NAME OF CEMETERY OR CREMATORS AOCATION (City, town (Stote) or county) REMOVAL (Specify) the 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATUR 250 REC'D BY REGISTRAR VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL ANDINER: This certificate should be executed within 24 hour and 3 to the funeral director. Page please execute the certificate, writing the word "pending" in pencil in hem 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, my event within 72 hours after death. or its designated agent, prior to burial, cremation, or removal, and in VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 220MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Description Control Section Control Section Control Section Control Section Control Section	1. PLACE OF DEATH 2. USUAL S. COUNTY	RESIDENCE (Where deceased lived, If institution; Residence before admission)
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Prince George's General Hospital 3. NAMICO P DECRASED (Type opin) Charles Watts Richardson DATE PROTECTIVE PROPE Charles Watts Richardson DATE PROPE PROPE PROPE Charles Watts Richardson DATE PROPE P		T ADDRESS . IS RESIDENCE
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death resulted from. Natural causes . Accident . Suicide . Homicide . Undetermined manner . CHIEF MEDICAL EXAMINER . DATE SIGNED ACTUAL SIGNATURE . DEPUTY MEDICAL EXAMINER	E p.m. 19 at work at work	
CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE EXAMINER'S NAME (Type) 2 mes I. Boyd 22e. BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Spacify) Burial 2/20/61 Ft. Lincoln Cemetery Colman Manor, Md. 23. FUNERAL DIRECTOR CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER Address (Streat, city, town, or county) February 18, 1961 22c. NAME OF CEMETERY OR CREMATORY Colman Manor, Md. 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	21. I certify that I took charge of the remains described above, held an Auto	osy . Inspection . Inquiry . and in my opinion
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VR A15 (4) 15M 9/59

TO NOSPITAL OR ATTE.

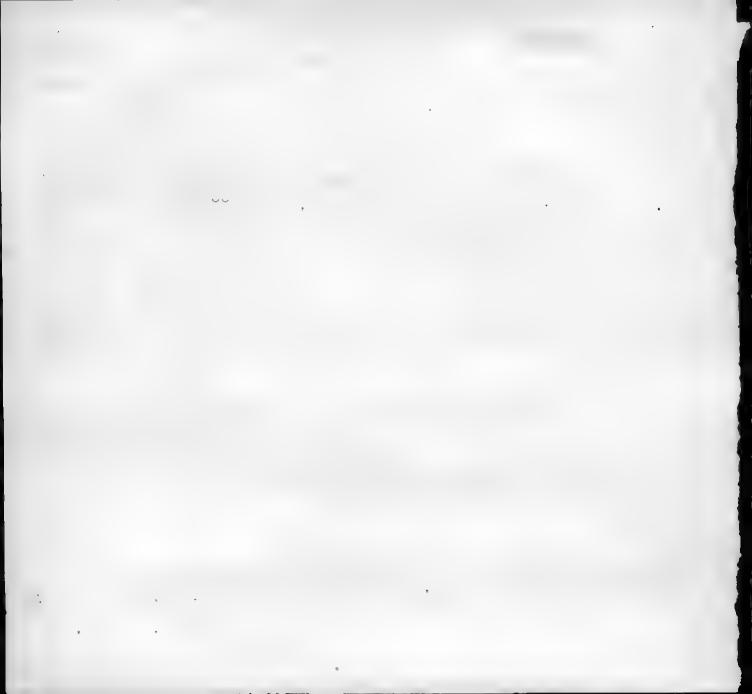
May be retained by the hospetal or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and confidetely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remaye corban papers. Pages I and 2 shauld be filed with the State Board of Health priar to burial, cremation, or remayal, and in ony event, within 72 hours ofter death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

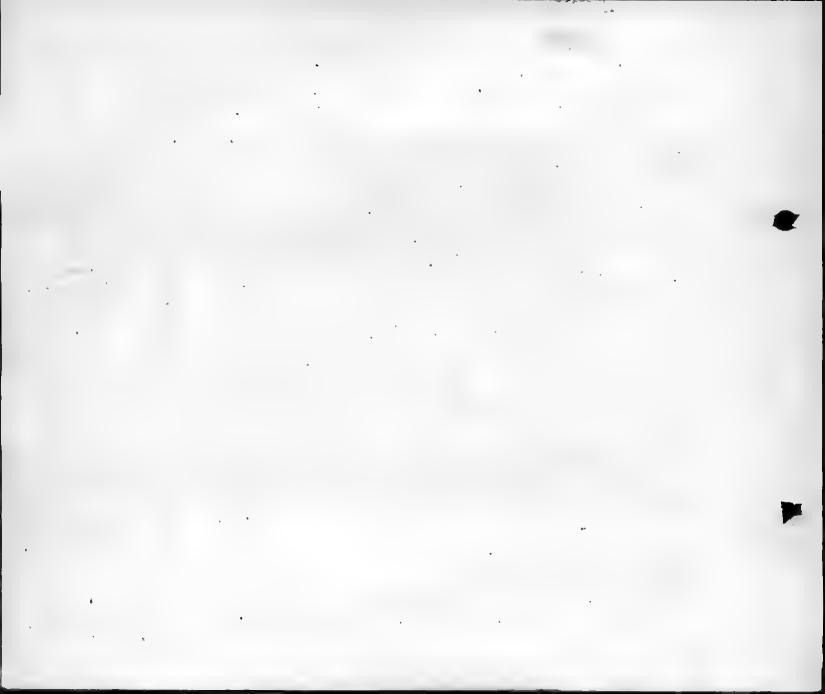
3		CC30 CERTIFICATE	OF DEATH	113485
	1	PLACE OF DEATH COUNTY COUNTY MARYLAND 2. L	JSUAL RESIDENCE (Where deceased lived. If institution: Residence b. COUNTY	before odmission)
			CITY OR TOWN (If outside corporate limits, write RURAL and gr	re nearest town)
,)			d. STREET ADDRESS nolewood Farms	e. IS RESIDENCE ON A FARM? YES XX XXX
		NAME OF DECEASED (Type or print) Helen Brische R	cherts 4. DATE Month	Day Year 1961
	5 9			YEAR IF UNDER 24 HRS
	100	OF US A OCCUPATION IGIVE kind of work done 10b. KIND OF BUSINESS OR INDUSTRY. Manager of own farm Farm XXX.	11. BIRTHPLACE (Stole or foreign country) 12. CITIZE	O SA
1	13	AX Lindin Briscoe	MOTHER'S MAIDEN NAME 7 Josephine Turner	
	{Ye	5 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORM YES, no or unknown, (If yes, give war or dates of service)	Aprtal Record -Same as	Item 1
		1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	marahage	INTERVAL BETWEEN ONSET AND DEATH OGG 45
		Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost. (b).		
	FICATION		RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART I	(o) 19 WAS AUTOPSY PERFORMED? YES NO TY
)	CERTI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ter noture of injury in Port 1 or Port It of item 18)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE O White Not while foctory, 1 of work of work of work	FINJURY (Home, farm., street, office bldg., etc.)	unty) (Stote)
		21 1 certify that (1) (this haspital) attended the deceased fram. Example 1964, and that death	accurred at 715 M, from the causes and an the	
		Robert My Coney M.D.	ATTENDING MED. STAFF PHYS DIRECTOR PHYS 2	225 DATE SIGNED
		NAME (Type) Robert McCenty, M.D.	Leland Lemorial Ho Riverdale, Ld.	spital
	Βι	BO BUR AL. CREMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMETERY OF CREMETER	MATORY 23d LOCATION (City, fown, or county)	(Stote)
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ritchie Bros.Fun'l Home-Upper Marlbo	250 REC'D BY REGISTRAR 256 REGISTRAR'S SIGN	



MARYLAND STATE DEPARTMENT OF HEALTH **BALTIMORE 1, MARYLAND** Division of STATISTICAL RESEAR Items v.9 rimber 3-1 - of et 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edm ssion) I. PLACE OF DEATH e. COUNTY is necessary, director, Page to the funeral director. Page be retained for your files. e. STATE Prince Georges County Prince Georges MARYLAND c. LENGTH OF STAY IN TO c. CITY OR TOWN (If outs de corporete limits, write RURAL and give neerest town) write RURAL and give nearest town) D.O.A. Cheverly Laurel d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS e, IS RESIDENCE ON A FARM? Prince Georges General Hospital 619 8th Street YES NO NAME OF First 4. DATE DECEASED OF HUMARD ROBBERT ROBINSON (Type or papil) DEATH February 19 61. With ve Pages 1, z, and 3 to PM3. Page 5 may by a pages 1 and 2 with g, within 72 hours afte 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR) B. DATE OF BIRTH IF UNDER 24 HRS. last birthday) Male WIDOWED I DIVORCED | June 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Slate or fore an country) 12. CITIZEN OF WHAT COUNTRY? Office along with form PM3, Page done during most of working life, even if relired) in pencil in Item 18. Give Pages Construction Cecil County, Maryland Laborer - Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Robinson Caroline Robinson 흔 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 619 8th Street. permit. (Yes, no, or unkown) (If yes give wer or detes of service) any Mrs. Ellen Laurel. Maryland. Irene Robinson. Unknown 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c). INTERVAL BETWEEN .⊆ ONSET AND DEATH PART I. DEATH WAS CAUSED BY: and IMMEDIATE CAUSE (e) **DUE TO** removal. burial voscleratic Heart Conditions, if any, which Examiner's KJ **DUE TO** (a), stating the underlying S pesn PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19, WAS AUTOPSY PERFORMED? cremati please execute the certificate, writing the word 8 NO 📆 Med.cal 70 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) shoul PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. should be forwarded to the Chief FUNERAL DIRECTOR: Page 3 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, ; 20f. (City or town) Month, Day, Year (County) Not While factory, street, office bldg , etc.) While Hour a.m. at work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy | Inspection K Inquiry X and in my opinion agent, Natural causes X Undetermined manner death resulted_from-Accident Suicide Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S February 11, 1961. BOYD. M.D. NAME (Type)/ Address (Street, city, town, or county) 220. BURIAL, CREMATION MAME OF CEMETERY OR GREMATORY 22ds LOCATION (City, town, or country) REMOVAL (Specify) Ö OI 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME O Jun S. Thous 5M 7/59



1	40	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
4		2298 CERTIFICATE OF DEATH Reg. Dist. No. ()	2274
eral director be filed wit		1. PLACE OF DEATH o. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2. USUAL RESIDENCE (Where deceased lived if institution. Residence before and one STAT) COUNTY COUNT	Leing
aurs after de n by the fun nd 2 shauld	M77	d. NAME OF HOSPITAL (If not of hospital, give street oddress) or INSTITUTION Grince Leorges Lewes 4205-29th threat YES	RESIDENCE N A FARM? S NO
campletely fillad i oppers. Pages 1 a sth.		3. NAME OF DECEASED (Type or print) 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED B DATE OF BIRTH 9. AGE (In years F UNDER 1 YEAR IF U 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR DECEASE) 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR DECEASE) 110 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR DECEASE) 12 CITIZEN OF WHAT DATE (Stole or foreign county) 13 CITIZEN OF WHAT DATE (Stole or foreign county) 14 DATE OF Month 15 DATE OF BIRTH 16 DATE OF BIRTH 17 DEATH 18 DATE OF BIRTH 19 AGE (In years F UNDER 1 YEAR IF U 10 DATE OF BIRTH 11 DATE OF BIRTH 12 DATE OF BIRTH 13 DATE OF BIRTH 14 DATE OF BIRTH 15 DATE OF BIRTH 16 DATE OF BIRTH 16 DATE OF BIRTH 17 DATE OF BIRTH 18 DATE OF BIRTH 19 DATE OF BIRTH 10 DATE	urs Min
certificate be execused by physician and ceremave carban por 72 hours after deal	(I)	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN A S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Ves. 400, or unknown) (If yet, give wor or dates of service) 16. SOCIAL SECURITY NO INFORMANT Roland No. Roland No.	٠.
on. signed by the attending permit. Then pleas nd in any event within	· i		L BETWEEN OND DEATH
CIAN: The law intending physicinficate has been so the Eurial-transin, ar remayal, a	0	YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	REGRMED?
t ATTENDIN PHYSIS of by the hospital are ECTOR: After this cer le lletached far u≡ a are to burial, cremation	1	Hour o m. p m 19 While of work of w	
TO HOSPITAL OR may be retained TO FUNERAL DIRI page 3 should the registrar price		PHYSICIAN'S NAME (Type) LEON LE GALLIN W. It gat to VIII e Y 220. BURIAL CREMATION 226 DATE THEREOF. 25. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) REMOVAL (Specify) Feb. 11/6/ Mis Clivel Cemetery Dashington P 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS LE RAILLA 240. REC'D BY REGISTRAR'S SIGNATURE	0 1
VS A15 (4) 1SM 9/S8		Lie Jane FEB 1 4'61 autur 8. Home	



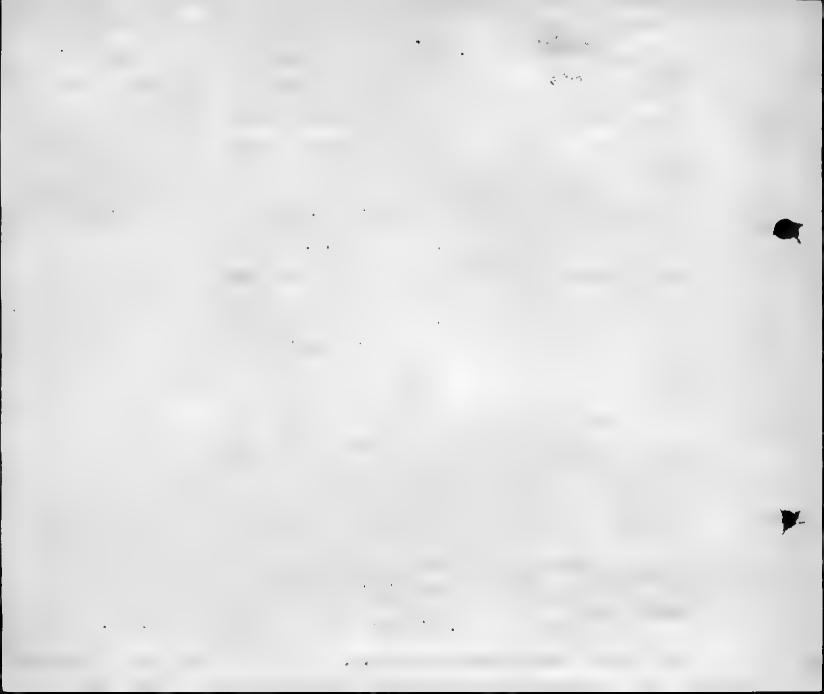
within 24 hours after death



15M 9/60

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND 2300 CERTIFICATE OF DEATH

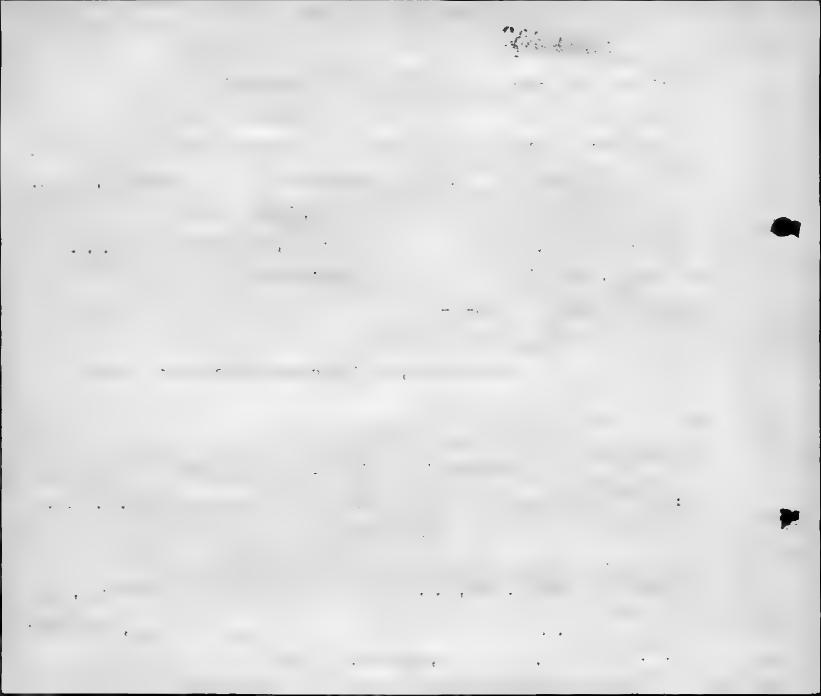
I. PLACE OF DEATH		CE (Where deceased lived, If Instit	ution: Residence before admission)
Prince George MAI	Marylan Marylan		ce_George /
b. CITY OR TOWN (if outside corporete limits, write RURAL and give nearest town)	TAY IN 16 C. CITY OR TOWN (I	f outside corporate limits, write RUS	AL and give neerest town)
Kent Village	Kent Vi	llage	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ac	Idrass) d. STREET ADDRESS		IS RESIDENCE ON A FARM?
	.7343 Hawt	horne st.	YES NO
3. NAME OF First Middle DECEASED	Last	4. DATE Month	Day Year
(Type or punit) Janice Anne	Schlosser	DEATH Feb	7 1961
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED 8. DATE OF BIRTH	9. AGE (In years IF U	
Female White WIDOWED DIVOR	сь 🗌 Jan 18, 196	l yrs.	nths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dona during most of working lifa, evan if ratirad)	OR INDUSTRY II BIRTHPLACE (Coun		12. CITIZEN OF WHAT COUNTRY
dona during most of working ma, evan a raticad)	D.C.		
13. FATHER'S NAME	14. MOTHER'S MAIDEN	NAME	
Leonard KKKKX Schlosser	Eleanor	H1++	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SOCIAL SECURITY		Address	
(Yes, no, or unkown) (Ifyasgive weror detas of sarvice)	Mrs Jeannett	o Nach 73/3	Hawthorne S t
18. CAUSE OF DEATH [Entar only one ceuse per line for (e), (b), end		e Masi 1747_	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY	Banana	Ti	ONSET AND DEATH
IMMEDIATE CAUSE (o)	- Copyright		- Jany
DUE TO	mine Willie	1 /1	Smalleste
Conditions, if any, which by gove rise to immediate cause	Juna xryrigi	£ = {+	1+ -
(a), stating the underlying DUE TO	EVET Dubolen 1	Sman CAN	V Since buth
cause lest. (c)	- xould by	7/10000	1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELECTED TO THE TERMIN	MAN DISPINSE CONDITION GIVEN I	N PART I(e) 19. WAS AUTOPSY PERFORMED?
CCAT	1 tya rocept	alus	YES NO
206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJUST OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Y OCCURED. (Enter natura of injury in I	Pert I or Pert II of item 18)	
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED			(County) (State)
20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED While Not While at work at work	factory, street, office bldg., etc.	1	
21. I certify that (i) (this hospital) attended the decea	sed from 18 AM	1961, 10 1 Falt	, 196/s, that (1) (we) Jas
	and that death occured at //.		
220 SIGNATURE	A TTENDING A	AFF. CTAFF	276 DATE
Momas C/ (axone		AED. STAFF	7Feb-6 SIENED
22c PHYSICIAN'S NAME (Type) THOMAS G. MAL	ONEY 22d. ADDRESS 81	4-715t ave.	HILLS MD
	CEMETERY OR CREMATORY	23d, LOCATION (City, town o	r county) (Steta)
	ncoln Cem.	Colmor Manor	, Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC	D BY REGISTRAR 255. REGISTI	RAR'S SIGNATURE
Lee Funeral Home 300-4th Str	eet N.R. PATE	FEB 1 0 '61 Co	Chur S. Kraus



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE 230 MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before admiss or a. COUNTY 3 to the funeral director. Page y be retained for your files with the State Board of Health, **b.** COUNTY Pennsylvania Prince Georges County
b. C.TY OR TOWN (1 outside corporate imits, MARYLAND E. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearest town) write RURAL and give nearest lown) Lancaster Bowie d. NAME OF HOSP TAL OR INSTITUTION (if not in hospital, g ve streat address) d. STREET ADDRESS e, IS RESIDENCE ON A FARM? Pa RR Spur on Track to Bowie Racetrack 534 Terrace Road YES NO deal 3. NAME OF Middla DATE DECEASED This certificate should be executed within 24 hour:

word "bending" in penal in Item 18. Give Pages 1..., and 3 to the adical Examiner's Office along with form PM3. Page 5 may be refacile.

The pages 1 and 2 with the adical execution of the pages 1 and 2 with the contract with the contract of the pages 1 and 2 with the contract of the contract of the pages 1 and 2 with the contract of the contract of the pages 1 and 2 with the contract of the c OF (Type or print) ROBERT SELECTRIBLE DEATH Tebruary 61. 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS last birthday) Months Male White WIDOWED [DIVORCED [July 30. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Lancaster, Pennsylvania Bar Tender Ret. Bars U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert C. Seldomridge Harriet Sample 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address (Yas, no. or unkown) | (If yas give war or datas of service) unknown 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Hemorrhage and shock IMMEDIATE CAUSE (a) # DUE TO Crushed chest, multiple compound fractures of the legs Conditions, if any, which gava rise to immadiate causa DUE TO (a), stating the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1811 19, WAS AUTOPSY CERTIFICATION PERFORMED? lease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be rits designated agent, prior to burial, cremating NO. II 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PR.MARYDO or CONTRIBUTING [Passenger in a train that was in a wreck 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar (County) (State) factory, street, office bldg., etc.) Not While at work at work Train : Jerricho Park 21. I certify that I look charge of the remains described above, held an Autopsy 🗍 Inspection X Inquiry X. and in my pointon Accident K. Natural causes Suicide Homicide | Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER EXAMINET'S . M.D. NAME (Type) Address (Street, city, town, or county) 224. BURIAL, CREMATION, 225 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) <u>g</u>40 ₽ Burial Feb. 6, 1961 Lancaster, Pennsylvania arrearle 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME W. W. CHAMBERS CO... arthur S. Krous Riverdale, Maryland, 5M 7/59 DAREB 8



1	V		MAKYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Items 13,14 _ 11ma 82 3-1-11 et
T 4	11		CERTIFICATE OF DEATH Reg. Dist. No.
Page rector	M	1.	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE b. COUNTY b. COUNTY
# 15 %		-	CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
fune fune		_	RURAL and give nearest town)
of the day the day the	X	4.	1. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 25-BARRAMER DRIVE CKIN HILL 4825-BARRAMER DRIVE ON A FARM? YES DO D
4 hau		1	IAME OF First Middle Last 4. DATE Manth Day Year OF
hin 2 y fille oges	(-)	5. :	Type or print) // AVDESON SHAICE SS DEATH TO 1961 EX 6. GOLOR OR RACE 7. MARRIED NEVER MARRIED 28. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS
ed will		E	EMALE WHITE WIDOWED DIVORCED May 23-1879 Shirthdoy) Months Days Hours Min
Pop eoth.		100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY IT BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY?
be e. orban fter d		13.	ATHER'S NAME
icate ysicia yve co urs o		15	Henry Clay Shallcross Rebecca Shallcross (maiden name)
ng ph remo		(70	NAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT OF OPENTATION OF 1999 WOT OF DOTAL OF INFORMANT Address Address Address Address ACTHERINE ACTHERINE
feath fendii pleas ithin			18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] [INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
the of then plant we continue			IMMEDIATE CAUSE (0) Cereb - co - vascular Thoolingosts iday
that by th t. Tl			Conditions, if ony, which } the action & cleroses
ures gned perm			gave rise to immediate cause (a), stating the under:
requirient		_	lying cause lost. (c)
physic physic os bee ial-tra		CATION	FAMILY OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? VILLULUATE TURNS TO BE SUBJECT TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YOUR STATEMENT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YOUR STATEMENT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YOUR STATEMENT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19, WAS AUTOPSY PERFORMED? YOUR STATEMENT OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS CONTRIBUTIONS C
AN: The nding cote to bur he bur rem	1	CENTIFICA	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18*) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
r afte certifi e as fl		OICAL.	20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
tal a this or us		WE	p. m 19 of work of work
Affer Affer iot,			21. 1 certify that 1 attended the deceased from 1/2 (190/, ta 1/2// , 195/, that I last saw the deceased
TTEN The TOR: Jetacl			alive an 196, and that death accurred at M, fram the causes and on the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED
OR A ned by DIRECT d be o			SIGNATURE PERSON (1000) + M.D. 101 AVDRGY LANG 2/21/61
TAL retail AL showl	1		PHYSICIAN'S HERBERT WISDITRY OXM BUT WE.
HOSPI noy be FUNER age 3 s	•	220	BURIAL, CHEMINATION 226 DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 224 LOCATION (City Jown, or county) (Stole)
5 5 0 0 =	p.	23<	UNERAL DIRECTOR'S SIGNATURE ADDRESS AL C 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE
VS A15 (4) 15M 10/57	*		1 4 // Willemply 131-11th ST. D. & DATEFEB 2 4 '61 arthur & Known
			11.1. Mindley N.C.



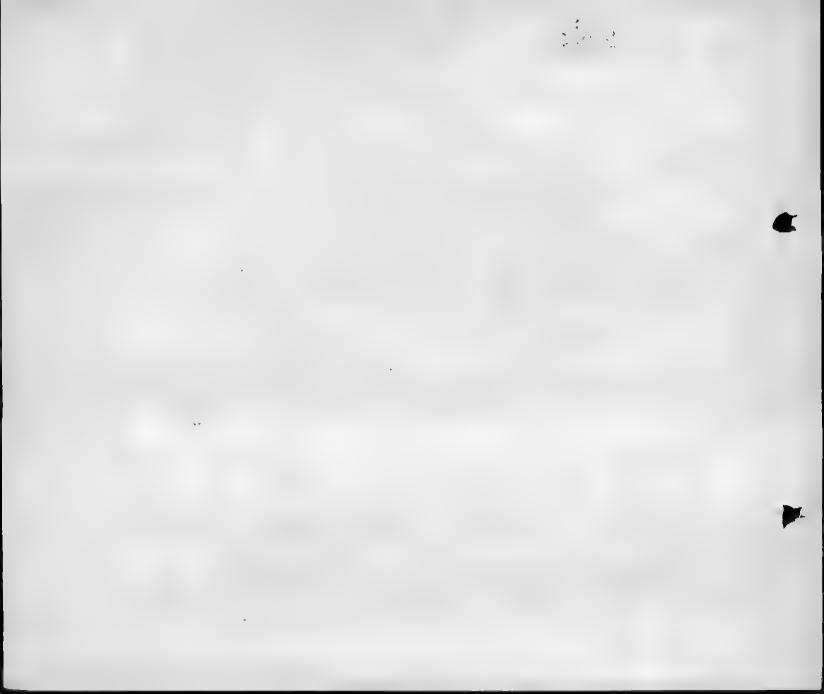
PHYSICIAN: The law requires that the death certificate be exited TO HOSPITAL OR ATTEND

VR A1S (4) 1SM 9/59

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND													
L		2303	Ite		CA	TE OF D					()	22	311	
1.	PLACE OF DEATH					2. USUAL RESI	DENCE (Whe	ere decease	d lived. If ins	titution:	Residence b	pefore o	dmissi	on) 👔
	Prin	ceGeorges		MARYLA	AND	I SIAIL I	ndian	a	5 COU	INIT R	landol	lph		
	b. CITY OR TOWN (F	f outside corporate limitarest town)	ts, write	c. LENGTH OF STAY IN	4 1b	c. CITY OR	TOWN (If ou	itside corpo	prote limits, wr	ite RUR	AL ond give	neores	l lown)	
L		erly		20 min		Farmland 1X							X_:	
	d. NAME OF HOSPIT OR INSTITUTION	At (If not in hospital, g	live street	address)		d. STREET A	ADDRESS							FARM?
	PrinceGe	orges Gener	ral H	ospital								Y	ES 🔲	NOX
3.	NAME OF DECEASED	Fir	'si	Middle		Los	st	4 DATE OF		Month		Day	Y	ear
	(Type or print)	Harriet	tt	Emma		Shank		DEATH		Reb		15_	1	9 61
5	SEX	6 COLOR OR RACE	7. MARE	RIED NEVER MARRIED		B. DATE OF BIRT	H 7		9 AGE (In you	ears If	UNDER I Y			
	Femalo	White	WIDOW	ED 🕞 DIVORCED		1 Dec.	1888		73	Aus V	Vianths Do	ys H	ours	Min.
10	USUAL OCCUPATIO	ON (Give kind of work	done 10b	KIND OF BUSINESS OR	INDUS			ar fareign c	ountry)		12. CITIZEN	OF W	HAT C	DUNTRY?
	Retir	ting life, even if retired ਕਰੀ	1	School tea	ach	er C	anada				U	SA		
13.	FATHER'S NAME	eu				14. MOTHER'S		AME					_	
	R	ev John H	Mc A	rthur		?	Tu	rner						
		R IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17 IN	FORMANT				Address	\$			
11.	BL no, or unknown)	(If yes, give wor or doles of s	ervice)		Ma	rtha L	Cook	S	eabroo	ok	Md.			
-	TIR CAUSE OF DEA	ATH Fater only one co	use per til	neyfor (o), (b), and (c)]					- A			INTERV	AL BET	WEEN
		TH WAS CAUSED BY:		Mone	لک	1 120	~	100	Thous	1111	ade of	ONSET	AND	DEATH
	4	IMMEDIATE CAUSE (o		1		100	1 Con		pcon.	V L .	4	-		
		DUE TO	2	Lhhou	-	ocher	~ //	= L2	l de	211				
	Conditions, if a gave rise to i	mmediate (,	- Tren	-0	o eu	o ca	, ,,						
	couse (o), stoling lying couse last	the under-												
Ιz	PART IT. OTH			CONTRIBUTING TO DEAT	`H BUT	NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION	4 GIVEN	IN PART 1	o) 19	WAS A	UTOPSY
Ι×													ES Z	MAED?
E	20a ACCIDENT WA	AS UNDERLYING []	20b DES	CRIBE HOW INJURY OCC	CURREI	D. (Enter noture o	of injury in P	ort I or Por	rt II af item 18	l.)				
CERTIFICATION	OR CONTRIBUTING	CAUSE OF DEATH												
	20c TIME OF INJUR	Y Manth, Doy, Ye	gr 20d. I	NJURY OCCURRED 2	De PL	ACE OF INJURY	(Home, form,	20f. (Cit	y or town)		(Cor	nty)		(State)
MEDICAL	Haur a.m.	19	While of wor	Nat while	fac	ctary, street, affic	e bldg , etc.							
2	р. т.					.7		C7	7 /		(-1			
	1		l) attend	ded the deceased for		4	B	52, ta_	/		. 19. <i>4)</i> .			
	saw the deceas	sed alive an	41-)	19_U_I , and t	hat a	leath accurre	d otL.Ol	JA Mram	the cause	s and	an the d	ate st		
	22o. S'GNATURE	7				ATTENDIN	IG ME	D ECTOR 🗖	STAFF			4 /	/ 226	SIGNED
	22c. PHYSICIAN'S	700-			-		_/		PHYS			14	16	161
	NAME (Type)			_		22d. ADDR	and and other A	1 4		ven	ue			
L	<u> </u>	Dr.F.Musse		D.			Beller	ne ade	Md					
23	BUR AL, CREMATIC REMOVAL (Spec fy)	ON, 236. DATE THEREO		23c NAME OF CEMET	ERY O	R CREMATORY		23d LOCA	TION (City, to	own, or	county)		(State	1)
	ansportat	$10n \frac{2}{16} = 6$	1	Farmlar	nd				Indi	ana				
	FUNERAL DIRECTOR			ADDRESS			250. REC'E	BY REGIS	TRAR 25b	REGISTE	RAR'S SIGN	ATURE		
	Gasch's	s Sons Hy	atts	ville, Md.			DATES	2 0 '61) at lu	1 8. Ku	MA		
-				-										



YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF NTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If ngt tution: Residence before admission) Раде a. COUNTY director. Page c. CITY OR TOWN (If outs de corpora e Longs, write RURAL and give negrest town) b. CITY OR TOWN (if outs de corporeté CHLENGTH OF STAY IN 16 write RURAL and give nearest town! for your d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give-lineal address) d. STREET ADDRESS IS RESIDENCE e funeral ON A FARM? retained he State B 3. NAME OF DATE DECEASED the (Type or print) DEATH 5. SEX B. DATE OF BIRTH 7. MARRED NEVER MARRED AGE (In years of UNDER 1 YEAR OF UNDER 24 HRS art buthday) Days , Hours DOWED 10a JSJAL OCCUPATION (Give kind of work 3. Page 1. 106 KIND DEBUSINESS OR NOUSTRY 12. CITIZEN OF WHAT COUNTRY? done during meet of working life, even if relired) Cha me 2 PM3. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.1 (Yes, noper unkown), (If yas a vawar or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Office DUE TO Conditions, fany, which gave rise to immediate cause (0) DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY PERFORMED? 2 cremat NO should 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) CERTI PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. ease execute the certificate, writing Chie 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 200. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., atc.) While Not While Hour a.m. forwarded to the at work at work prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection la and in my opinion death resulted from. DEPUTY MEDICA Natural causes 😾 Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED be for RAL 1 SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S should b NAME (Typo) Address (Streat, city, town, or county) 22a. BURIAL, GREMATION, NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) ISRAGL EEMETERY-0 O 40 9 XO BURIAL 23. FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59



Within 24 hour or death. If any delay is necessary, THE MAS To and 3 to the funeral director. Page The PMS. Page 5 may be refained for your files.

Will File pages 1 and 2 with the State Board of Health, The American State Board of Health, The Am XAMINER: This certificate should be executed within 24 hour please execute the certificate, writing the word "pending" in pencil in Item 18. 4 should be forwarded to the Chief Medical Examiner's Office along with for TUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit its designated agent, prior to burial, cremation, or removal, and in any ex to deputy medica

FOR STATE

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH (1228)

	_		
4		PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution, Rasidence before admission)
١		Prince George's MARYLAND	Pennsylvania 6. COUNTY
4		b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest fown)	c. CITY OR TOWN, If outside corporate I m is, write RURAL and give neerasl town;
		Bowie Transient	Everson
2		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS e. IS RESIDENCE
1		Bowie Race Track	210 Brown Street
		NAME OF first Middle DECEASED	Last 4. DATE Month Dey Year OF
		(Type or print) James Joseph Simon	
ı	S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED . 8.	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS,
	Ms	TLE White WIDOWED DIVORCED	Reh 3 3000 50 yrs. Months Deys Hours Min
			Feb. 1, 1909 52 yrs. 12. CITIZEN OF WHAT COUNTRY)
	do	na during most of working life, even if relired)	
	12	Officer J. S. Army	Pennsylvania 14. MOTHER'S MAIDEN NAME
	13.	FAIRER 3 NAME	14. MOTHER 5 MAIDEN NAME
	_	Jim Simon	Mary
	15. (Ya	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANY Addrass
			. S. Army Records, Walter Reed
		18. CAUSE OF DEATH [Enlar only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACTITE CONTROLLS	ONSET AND DEATH
		IMMEDIATE CAUSE (a) Acute Congestive	o neart failure
		Conditions, if any, which gove rise to immediate cause (b) Coronary infan	ction., arteriosclerotic heart disease
		fold storing the disputibility	noart utsease
		cause lest.	
	S S	PART II. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO BEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6), 19. WAS AUTOPSY PERFORMED?
	3	Aut	opsy performed at Walter Reed YES X NO X
	CERTIFICAMON	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (E	nter natura of injury in Part I or Part II of Item 18.)
-	Ø	CAUSE OF DEATH.	
	동		CE OF INJURY (Home, form, 201. (City or town) (County) (State)
	MEDICAL	at work T at work T	ory, street, office bldg., etc.)
	~	21. I certify that I took charge of the remains described above, he	ld an Autopsy . Inspection . Inquiry . and in my opinion
		death resulted from: Natural causes - Accident . Suici	
			CHIEF MEDICAL EXAMINER
		ACTUAL O	
		SIGNATURE OF O	M.D. ASSISTANT MEDICAL EXAMINER DATE SIGNED
		EXAMINER'S	DEPUTY MEDICAL EXAMINER Feb. 20, 1961
	22-	NAME (Mpc) James I. Boyd. BUNIAL, CREMATION, 226, DATE THEREOF 1226, NAME OF CEMETERY OR	Addrass (Streat, city, town, or county) CREMATORY 22d, LOCATION (City, town, or pountry); i (Stete)
	2 28	MEGIOVAL (Specify)	220 COCKHON (CHY, IOWN, OF DOUTHY) (Siele)
		BURIPL HEB. 74 1961	OCOTIDALE IA.
	23.	DINERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
		turde turend Home kn. 816 Hdt, NE	hards AT DATEFEB 23 '61 Oatlan & Thous
	-		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where decasted lived, if institution, Residence before edmission) a. COUNTY n. STATE **b.** COUNTY by the and 2 seed Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, E. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outs'de corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) 2h days Washington Glenn Dale (rural) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite., give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Glenn Dale Hospital 600 Farragut St. N. W. YES NO TO 3. NAME OF Middle 4. DATE DECEASED (Type or print) Lena Small DEATH 1961 6. COLOR OR RACE T MARRIED T NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR) IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) | Months Female White WIDOWED F DIVORCED 76 10a. USUAL OCCUPATION (G ve kind of work 106. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & Stata, or fore gn country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, avan if refired) Retired -- unknown Va. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Phillip E. Hart Ella Thomas 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC AL SECURITY NO. 17. INFORMANT Address (Yas, no, or unkown) ((If yes giva weror dates of service)) Decedent 18. CAUSE OF DEATH (Entar only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary embolism IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave risa to immedieta cause DUE TO (e), stating the undarlying causa last. Hypertensive and arteriosclerotic cardiovascular disease: volvulus. Performent, PERFORMED? Sigmoid, improved;
20s. Accident was underlying [or contributing [] cause of death (if either, notify medical examiner) colostomy 2/4/61
20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part I, of Item 18.) 20c TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED : 20a PLACE OF INJURY (Homa, farm, * 20f., (City or lown) (County) fectory, street, office bldg., etc.) While Not While Hour a.m. et work et work to......2/19/......, 1961, that (I) (we) last 22a. SIGNATURE ATTENDING 2/19/61 PHYS. DIRECTOR PHYS. 22c. PHYSICIAN S 22d. ADDRESS Glenn Dale Hospital NAME (Typa) Moe Weiss. M. D. -- Glenn Dale, Md. 23c NAME OF CEMETERY OR CREMATORY 230. BUR, AL, CREMATION, | 235. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Spacify) 256. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE YR A15 (4) DATE FEB 2 3 '61 15M 9/60 Home Fredericksbury, Va

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MARYLAND STATE DEPARTMENT OF HEALTH

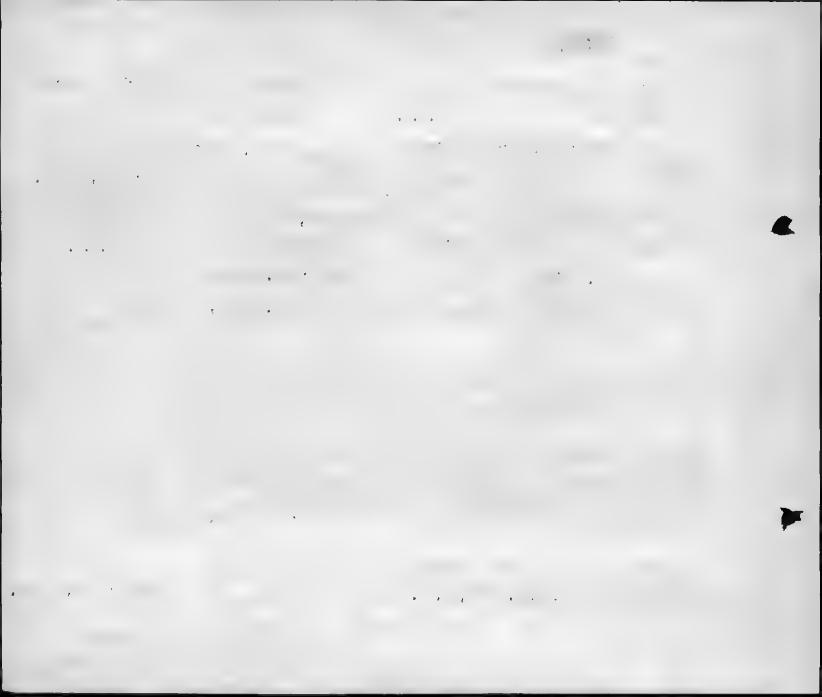
LARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET. BALTIMORE 1. MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) ector, Page our files. A COUNTY necessary, ector, Page a, STATE b. COUNTY MARYLAND Prince Georges County C. LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) write RURAL and give nearest town) D. O. A. Cheverly Mitchellville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) STREET ADDRESS Prince Georges General Hospital Route 3. NAME OF Middle DECEASED BRENDA (Type or print) MARTE DEATH February 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR : IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) WIDOWED F DIVORCED | Femal e 10b. KIND OF BUSINESS OR INDUSTRE THE BIKENPL 20, State of foreign country) 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maryland Infant Child. pages 1 within U.S.A. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME Margaret L. Jones Raymond L. Smith 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) . (If yes give war or datas of service) Mrs Margaret A. Smith, Same as # $None_-$ None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) 1. the train 1 A 1 T **DUE TO** gove rise la immediale cause (a), stating the underlying PART II. OTHER'S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (1.8) 19. WAS AUTOPSY cremai ease execute the certificate, writing the word 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) [County] factory, street, office bldg., etc.) Not While While Hour a.m. el work at work forwarded to the 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry DL and in my opinion death resulted from: Natural causes XI. Accident | Suicide . Homicide . Undetermined manner DEPUTY MEDICA CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPLITY MEDICAL EXAMINER X JAMES I. BOYD. M. D. NAME (Type) Address (Street, city, town, or county) 228 ORIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) REMOVAL (Spacify) Q 4 Q 24a, REC'D BY REGISTRAR I 24b, REGISTRAR'S SIGNATURE FEB 2 8 '61 VS. A15ME 7/59

IS RESIDENCE ON A FARM?

YES INO TY

PERFORMED?

NO [



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Q MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, If institution: Residence before edmission) a. COUNTY ath. If any delay is necessary, 3 to the funeral director. Page u. STATE b. COUNTY Prince Georges County MARYLAND b. CITY OR TOWN (if pulside corporate I mits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate film ts, write RURA), and give nearest town) Board of Write RURAL and give negrest town? D.O.A. Hagerstown Riverdale d. NAME OF HOSPITAL OR INSTITUTION (if not an hospite), give street eddress) d. STREET ADDRESS State Leland Memorial Hospital 245 Franklin Street with the State its after death. 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) JOSEPH RICHARD DEATH SMITH February 5. SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR last birthdey) and 72 h Male WIDOWED [D. VORCED June 30. 1908 10s. USUA, OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (Stelle or foreign country) Office along with form PM3, Page burial-transit permit, File pages 1 an done during most of working life, even if refired Binkstown Md. within . Inspector May's Hardware 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret L Sly Hiram L Smith 15. WAS DECEASED EVER IN U.S ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT 246Fred rickest. (Yes, no ex unkown) [lifyesgivewerardetesafservice] Marvin W. Smith z Hagerstown 18. CAUSE OF DEATH (Enfer only one cause per I ne for (e), (b), and (c). PART I DEATH WAS CAUSED BY: LNEARCTION MUCCAR DIAL IMMEDIATE CAUSE (+) DUE TO RTERY THROMBOSIS gave rise to immediate cause **DUE TO** (a), steting the underlying ease execute the certificate, writing the word "pendin should be forwarded to the Chief Medical Examiner FUNERAL DIRECTOR: Page 3 should be used as its designated agent, prior to buried. cause lest. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.8. 19. WAS AUTOPSY CERTIFICATION 20e EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I of Part II of Itam 18) PRIMARY | or CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED , 20e, PLACE OF INJURY (Home, ferm, 1 20f., (City or lown) factory, street, office bldg., etc.) While Not While at work # et work 21. I certify that I took charge of the remains described above, held an Autopsy 📆 Inspection 🔀 Inquiry Natural causes Suicide . Undetermined manner. death resulted from: Accident Homicide | DEPUTY MEDIC; CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLITY MEDICAL EXAMINER EXAMINED'S February 26, 1961, NAME (Type) Address (Street, city, town, or county) 22a, BURIAL, CREMATION | 22b, DATE THEREOF 22d. LOCATION (City, town, of country) MEMOVAL (Specify) 40 9 VS. A15ME arthur S. Kraus

5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH

Washington Cty.

e IS RESIDENC ON A FARME

YES NO TO

1961.

IE UNDER 24 HRS

Наить

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO F

> > (Stelle

and in my opinion

DATE SIGNED

(State)

12. CITIZEN OF WHAT COUNTRY?

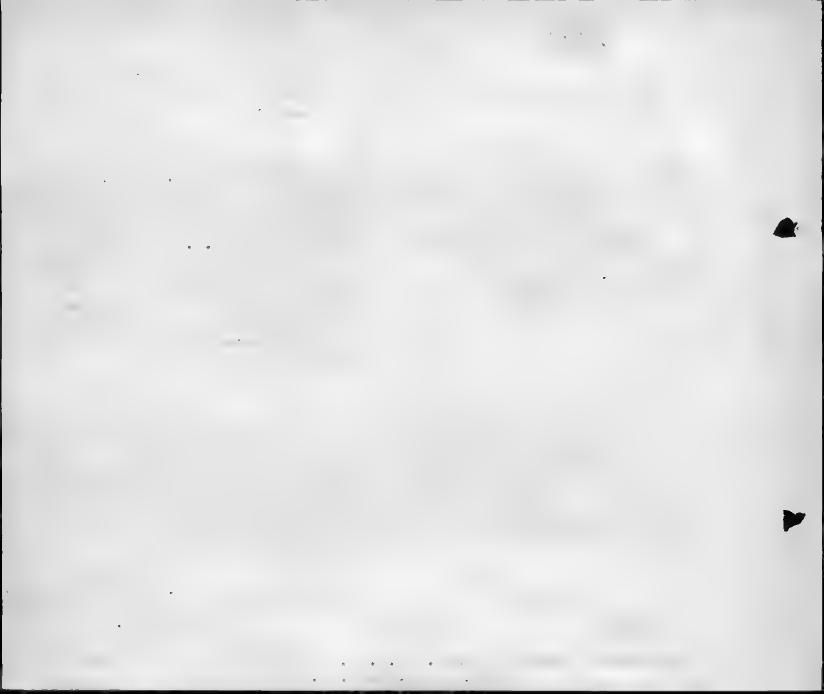
U.S.A.

(County)

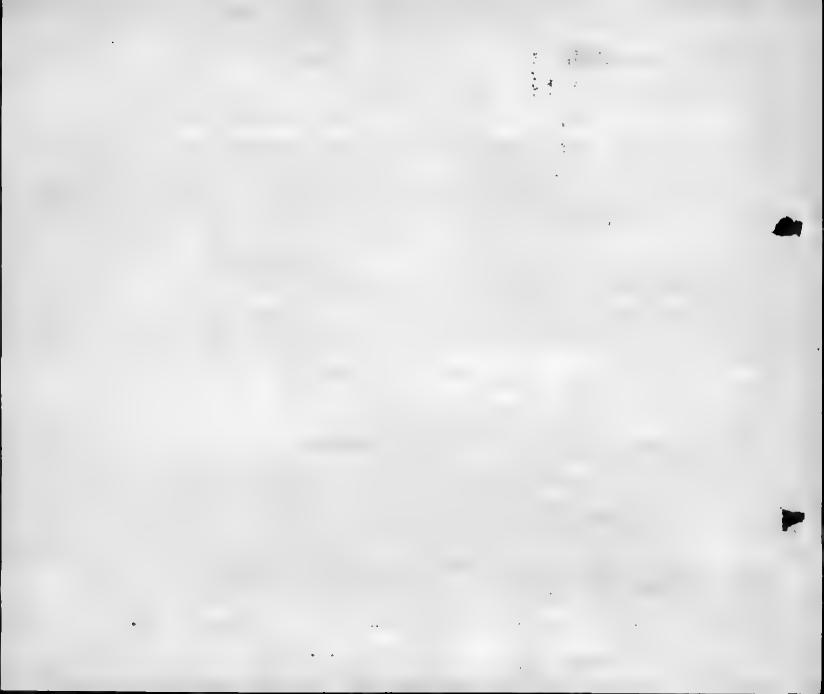
Months



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND RTIFICATE OF DEATH FilmC280 2-6-I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY b. COUNTYrince George a, STATE George Prince MARYLAND c. CITY OF TOWN [If outside corporate limits, write RURAL and give nearest fown] b. CITY OR TOWN (If outs de corporata limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Landover Landover .51 filled a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a ve streat address) d. STREET ADDRESS ON A FARM? Columbia Park YES NO X 3. NAME OF M dd.a DATE DECEASED OF Feb. 1961 (Type or print) DEATH Robert Vinton peiden 6. COLOR OR RACE , 7. MARRIED T NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Hours WIDOWED [DIVORCED Ma le 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) physi Carpenter Building Washington.D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please aftending progresse Robert V. S peiden Mammie England 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (If yes give werordates of service Landover Mrs Helen Speiden 0 18 CAUSE OF DEATH [Enter only one cause per line for (a), ,b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (6) gava rise to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION G. VEN IN PART II. 19. WAS AUTOPSY PERFORMED? NO 1 206 ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Itam 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f. (City or town, (County) (State) factory, street, office bldg., atc.) While Not While Hour n.m. at work at work CIOR: 21. I certify that (I) (this hospital) attended the deceased from. ...I 4 196/, and that death occured at? 30M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 5102 Annapolis Rd. Bladensburg. Barry Rosenber director, I 123d, LOCATION (City, fown or county) 23c NAME OF CEMETERY OR CREMATORY 23a, BURIAL, CREMATION, 23b. DATE THEREOF Cedar Hill Suitland Md. OH 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE **ADDRESS** 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15 (4)** 15M 9/60 DATE FEB 3 Cirthur S. Krous 300 4th. st.N. Lee Funeral Home Washington, 2. D. C.

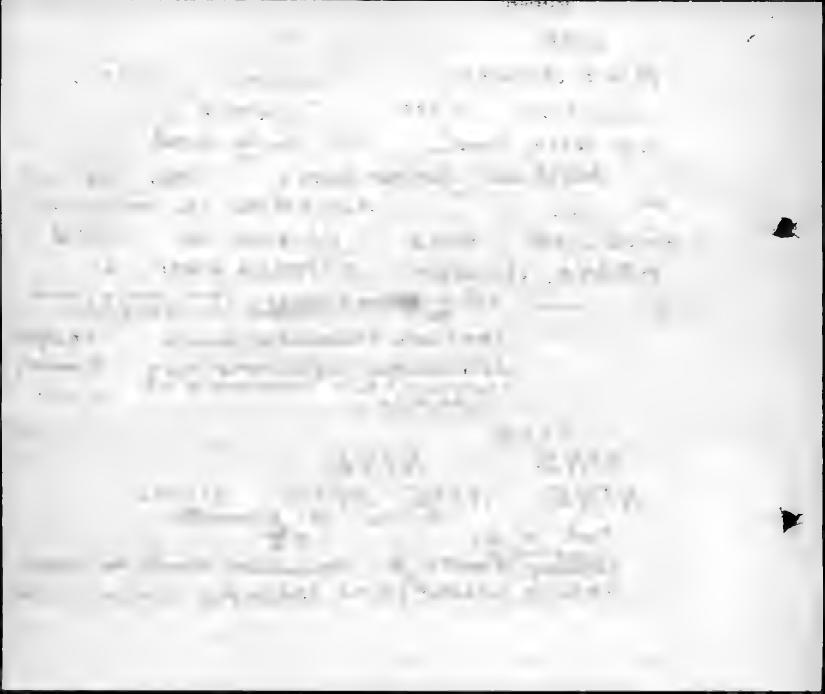


YLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) ny delay is necessity funeral director. Page a. COUNTY RINCE_ RORGE MERYLAND WARYLAND b. CITY OR TOWN (f outside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If oulside corporete I mils, write RURAL and a va neerest town) write RURAL and give pearast town! :: D < heverl CHEVERL Boar d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 729 LOCKWOOD HOSPITAL State GENERAL YES NO 🔀 NAME OF Year DECEASED OF (Type or print DEATH 19 61 with 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED X NEVER MARRIED last birthday) | Months | age 5 may 1 and 2 wil 72 hours DEC UCAS/A-M WIDOWED [DIVORCED T (D. Y'S. USUAL OCCUPATION IG valkind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? PM3. Page pages 1 and within 72 h dage during most of working life, even if retired REPAIR MARAGE AUTO 8. Give Pages OWNER 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMAN Eige UNKNOWN FARR ZEG4 (Yas, no, or unkown) (If yes g va we ror detes of service) YES NO 18. CAUSE OF DEATH [Enter only one causa per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** burial E S Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying pesn ld be used remation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part | or Part | of Iram 18) 208 EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. acertificate, writing the arded to the Chief ARECTOR: Page 3 st 20c. TIME OF INJURY Month, Day, Yeer 20d, INJURY OCCURRED 20e. PLACE OF INJURY (Homa, farm, 20f, (City or lown) (County) (Stata) fectory, street, office bldg., etc.) While Not While et work at work I DIRECTOR 21. I certify that I took charge of the remains described above, held an Autopsy Inspection 1. Inquiry 1 and in my opinion Natural causes 1. Suicide Undetermined manner Accident Homicide I death resulted from. CHIEF MEDICAL EXAMINER DEPUTY MEDI designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for SIGNATURE DEPUTY MEDICAL EXAMINER TO EKAMINER'S NAME (Type) Address (Street, c'ty, town, or county) CEMETERY OR CREMATORY 22d. LOCATION (Cily, fown, or country) 22e. BURIAL, CREMATION. REMOVAL (Spacify) Cedar Suitland 0 6 0 ā Burial 24a. REC'D BY REG STRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR Lee Funeral Washington D.C. FEB 3 VS. A15ME Cirilian & Kraus 5M 7/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) O COUNTY o. STATE COUNTY MARYLAND George's õ funeral b CITY OR TOWN (If outside comporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RUPAL and give nearest town) Ploods very d NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS e, IS RESIDENCE ON A FARM? GENERAL YES | NO | 7210 NAME OF Middle Month Year filled DECEASED SWAND Poges (Type or print) DEATH 19 deat IF UNDER 1 YEAR IF UNDER 24 HRS 6. SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) **Smpletely** Months Days DIVORCED | WIDOWED 🔀 青 10a USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) S. ARMED FORCES? 116 SOCIAL SECURITY NO 17. INFORMANT CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o), 10 min **DUE TO** Conditions, if ony, which Intertrollective Frecture gove rise to immediate **DUE TO** couse (o), stating the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO 286 ACCIDENT WAS UNDERLYING A OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port II of item 18.) (IF EITHER NOTIFY MEDICAL EXAMINER) 20e PLACE OF INJURY (Home, farm | 20f. (City or town) 20c TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year foctory, street, office bldg., etc.) Not while of work of work 21 I certify that (1) (this haspital) attended the deceased from Feb. 24 1961 to Fab. 28 1961, that (1) (we) last saw the deceased alive an F2B-28 ____1961, and that death accurred at 10th M, from the causes and an the date stated above FUNERAL DIRECTOR 226, S.GNATURE SIGNED M.D PHYS MED DIRECTOR STAFF PHYS 22c PHYSICIAN S 22d ADDRESS rty St. Mt. Rainier Md. LOCATION (City town, or county) BURIAL CREMATION. 256 REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR DATE MAR 6 VR A15 (4) arthur & Krand

within 24 hours ofter death.



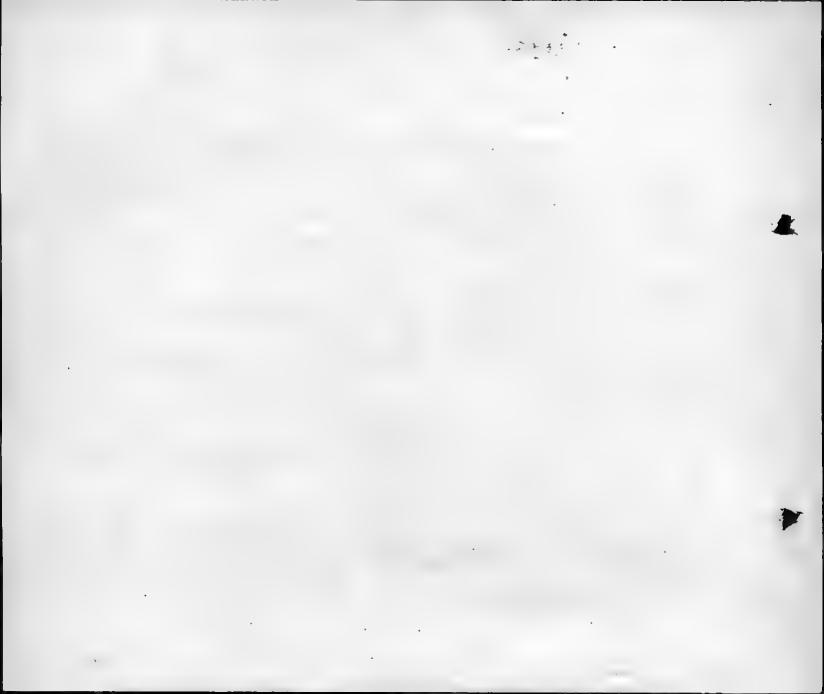
arthur 8. Hours

PHYSICIAN: The law requires that the death certificate be exe

within 24 hours after death. Page 4

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1, PLACE OF DEATH	-			JAL RESIDENÇE (W	here decease		on: Residenc	e before	admissi	ian)
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b. CITY OR TOWN (If	foutside corporate limits, write	c. LENGTH OF STAY IN 1	lb c.	CITY OR TOWN (IF			URAL and g	ive heare	est town	1
RURAL and give ne		2 DAVC	14	WASHINGT	ON.					
	AIR FORCE BASE AL (If not in hospital, give stree		d.	STREET ADDRESS	ON			le	IS RESI	IDENCE
OR INSTITUTION					Tatomoar	DDTUE				FARM?
USAF_HOS		-		6411 ABB						27
3 NAME OF DECEASED	First	Middle		Lost	4 DATE OF	Mon		Day		Yeor
(Type or print)	ODESSA	M		YRET_	DEATH	L FOK U	ARY IF UNDER	8		19 61
S SEX		RRIED NEVER MARRIED	_	OF BIRTH		9 AGE (In years last birthday)			Hours	Min,
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HOUSEWIF	E	NONE		TEXAS			UNI	TED	STA	TES
13. FATHER'S NAME			14. N	OTHER'S MAIDEN	NAME					
WILLIAM M	HER D			PEARL WE	AR					
15 WAS DECEASED EVER	R IN U 5 ARMED FORCES? 16	SOCIAL SECURITY NO 1	7 INFORMA			Add	ress			
NO	(If yes, give wor or dates of service)	NONE	LORRTI	NE O SCHO	TTLEIT	NER SAN	Æ AS	ITEM	1 #2	
	TH [Enter only one cause per		2100000	<u>,</u>			A-1	INTER	VAL BE	TWEEN
	TH WAS CAUSED BY	NGESTIVE HEAR	T FAII	TIR F					TAND YE	DEATH
1-1-2	mmesime original (a)	EUMATIC HEART			MTTD AT	CTENOCIO		1	1 14	AKS_
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gave rise to in	mmediate (TRAL INSUFFIC	TENCY	AND AURT	TC_THR	OFFICIENC	<u> </u>	26	YE.	ARS
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	J (c) IER SIGNIFICANT COND TIONS	CONTRIBUTING TO DEATH	BUT NOT BE	LATED TO THE TERM	AINAAL DICEAC	E COMPITION OF	/Eh. Ibt DAD3	1/01/10	LAVAS .	AUTOPCY
PART II. OTH	EK SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	- SULINOI KE	LATED TO THE TERM	VIINAT DIBENS	E CONDITION GIV	CIA IIA LWK		PERFO	RMED?
2					D	. 11 . 5 . 4 36. 3			YES	NO [
OR CONTRIBUTING	☐ CAUSE OF DEATH	SCRIBE HOW INJURY OCCU	JRRED (Enler	nature of injury in	Part I or Pol	rt II at item is)				
	MEDICAL EXAMINER)									
ZOC. TIME OF INJURY	Y Manth, Doy, Year 20d. While			INJURY (Home, far eet, affice bldg., et		y or town)	(C	ounty)		(Stote
p m.		ork or work								
21 I certify tha	t 🛪 (this haspital) atten	ded the deceased fro	m 8 FI	EBRUARY 19	61,18	FEBRUARY	7 . 19 6	1, tha	it Mai ti	we) las
	ed alive an 8 FEBRU	A -								
22a SJGNATURE	1		4	33201104 412	,	7.70 00000 21	10 011 1110			b DATE
andr	en W. Bu	tellegisAFI	E do Pi		MED.	STAFF PHYS 🔽	8	FEBR	UAR	Y 6I
22c PHYSICIAN'S				d. ADDRESS		- A-				
NAME (Type)	NDREW W BUTCHK	O, CAPT USAF	MC [JSAF HOSP	ANDR	EWS_AFB,	WASH	25.	DC	
230 BURIAL CREMATIO		23c NAME OF CEMETER	1			TION (City town,			(Stot	rel
REMOVAL (Specify)		1	soleu				AliFo	PALLA		-1
DURIAL DIRECTOR		ADDRESS	30.04			TRAR 256 REGI				

Sons 1756 Pa. aux. n. W. Wach E. CDATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o STATE Pa E b. COUNTY MARYLAND Prince Georges= Marvland Prince Goerges b CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 þe c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should Cheverly Hvattsville he d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 25 7630 Oxman Road Prince Goerges General .⊑ NAME OF DECEASED First Middle 4. DATE Month filled John Turner Feb (Type or print) DEATH 9 AGE (In years lost birthday) 63 yrs IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH mpletely Months ofter Male White DIVORCED | WIDOWED [Mav popers. 100 USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working ife, even if retired) Ass. Mgr. puo 2 엹 13. FATHER'S NAME 14 MOTHER'S MAIDEN/NAME INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give wer or dates of service) 18. CAUSE OF DEATH [Enter only one couse per line for (et, (b), and (c).] ā PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ģ Conditions, if ony, which (b) gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. **burial-tronsit** PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) certificote 5 20c. TIME OF INJURY Month, Doy, Year 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20d. INJURY OCCURRED factory, street, office bldg., etc.) Hour p. m. While Not while p. m. at wark ot wark 21 | certify that (1) (this haspital) attended the deceased fram... 40 and that death accurred at I/PM, from the causes and an the date stated above. saw the deceased alive 22a SIGNATURE ATTENDING J-O M.D PHYS. DIRECTOR

0229

26

Doys

(County)

e. IS RESIDENCE

ON A FARM?

YES TO NO KI

19

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES TO NO TO

that (I) (we) last

22b, DATE SIGNED

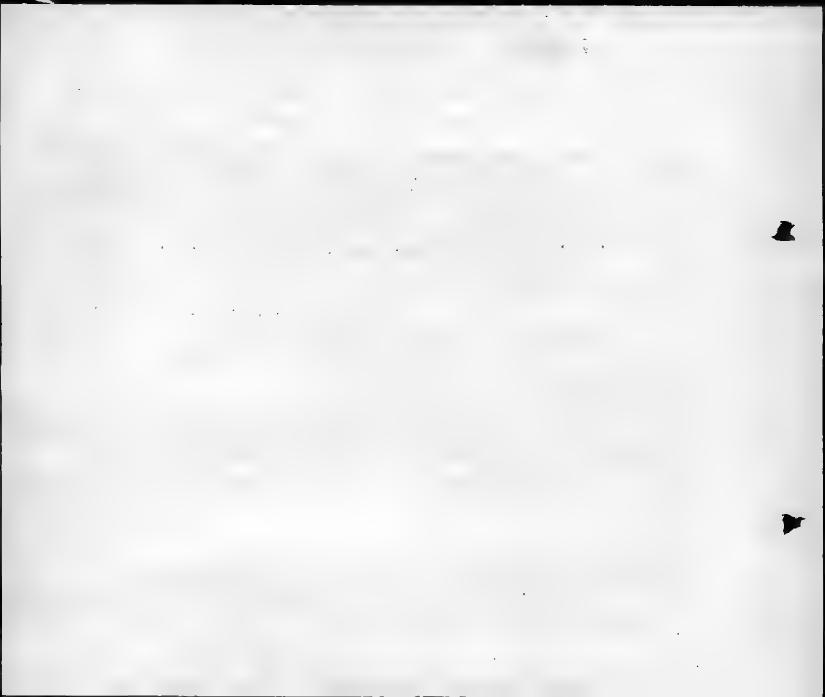
(Stote)

FUNERAL DIRECTOR: should (*) 23b DATE THEREOF 23c NAME OF 23d LOCATION (City, town, or county) BURIAL CREMATION poge the Sto REMOVAL (Specify) 0 24. FUNERAL DIRECTOR 25b REGISTRAR'S SIGNATURE 250 REC'D BY REGISTRAR MAR 6 DATE

22d. ADDRESS

15M 9/59

22c. PHYSICIAN'S

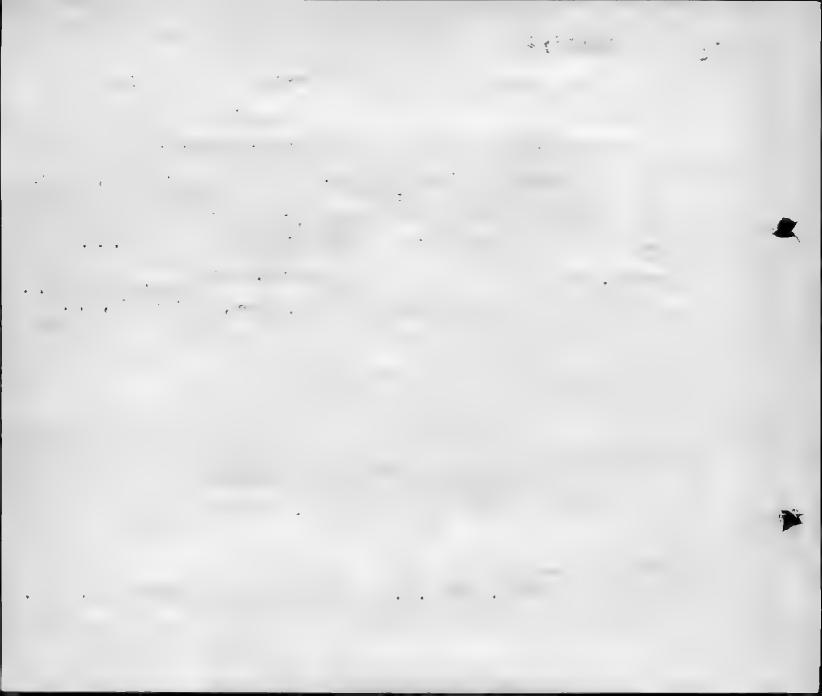


BALTIMORE 1. MARYLAND Division of STATISTICAL RES FOR STATE PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) death. a. COUNTY funeral director. Page ained for your files. 5. COUNTY Prince Georges Prince Georges County MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. LENGTH OF STAY IN 16 retained for your write RURAL and give neerest town) Cottage City
d. NAME OF HOSPITAL OR INSTITUTION (f not in hospite, g ve street address) Cottage City d STREET ADDRESS . IS RESIDENCE ON A FARM? 4102 Cottage Terrace 4102 Cottage Terrace YES NO 3. NAME OF First Middle 4. DATE DECEASED OF and 3 to the 2 SARAH (Type or print) THE TAXABLE WATTERS DEATH February 19 61. with 6. COLOR OR RACE B. DATE OF BRTH F UNDER 1 YEAR IF UNDER 24 HRS. 6 9. AGE (In years) 7. MARRIED NEVER MARRIED may last birthday). Months Fenale WIDOWED M DIVORCED [106, KIND OF BUSINESS OR INDUSTRY WELLS TO 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Western Union Maryland U.S.A. pages | within Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Margaret & Seek George W. Bladen

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

16. SOCIAL SECURITY NO. 17. INFORMANT 3804 Eastern Avenue N.E. permit. (Yes, no, or unkown) | (Ifyesgivewerordatesofservica) -3556 Mrs Ellen B. Holmes, Washington 18, D.C. NO
18. CAUSE OF DEATH |Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN Office along a burial-transit p ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO of Funt gava rise to immadiata causa **DUE TO** (a), stating the underlying cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 179, WAS AUTOPSY PERFORMED? NO 3 should 200 EXTERNAL CAUSE WAS 20b. DESCRISE HOW INJURY OCCURED, (Eater nature of injury in Part I or Part II of Iram 18.) PRIMARY CONTRIBUTING burial, CAUSE OF DEATH. ease execute the certificate, writing the should be forwarded to the Chief M FUNERAL DIRECTOR: Page 3 sh 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Homa, ferm, 20f. (City or town) (County (State) Not While factory, street, office bldg., etc.) 2 et work at work prior 21. I certify that I took charge of the remains described above. held an Autopsy P . Inspection 1.80. Ulnquiry death resulted from. Undetermined manner Natural causes Accident Suicide Homicide DEPUTY MEDIC CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S M. D. 1961. February NAME (Typa) Address (Street, city, town, or county) 22a, BURIAL, CREMATION. 22b. 22d. ALOCATION (City, town, or country) O ₽45 ò 24b. REGISTRAR'S SIGNATO VS. A15ME 161 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

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02299

- 1-						
	n. MACE OF DEATH o. COPTINCE George	MARYLAND	2. USUAL RESIDENCE (Wh.		If institution- Resident COUNTINCE G	
	b CTY OR TOWN (If outside carparate limits, write RHIA and are fearest town)	7 Days	c. CITY OR TOWN (IF o		its, write RURAL and g	give nearest town)
	d NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Prince George's Geheral H	oddress) ospital	d STREET ADDRESS 5819 66th A	Ve •	1	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First DECEASED (Type of print) Irene	Middle Augus ta	lost Watts	4. DATE OF DEATH	Month February	Day Yeor 22 1961
	Female 6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	B. DATE OF BIRTH April 28, 19	l last.	and the same of th	1 YEAR IF UNDER 24 H
		KIND OF BUSINESS OR INDI	Maryland		U U	S A
	IS. FATHER'S NAME		14. MOTHER'S MAIDEN N			
-	Edward Hutchinson S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 117.	Effie Sim	pson	Address	
	(Yes no or unknown) (If yes, give wor or dates of service)		eorge A Watts	East	Pines Md.	
	OR CONTRIBUTING CAUSE OF DEATH		T NOT RELATED TO THE TERMI		DITION GIVEN IN PAR	T 1(0) 39 WAS AUTOPS PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Year 20d ! Hour v.m. While p. m 19	Not white f	LACE OF INJURY (Home, form octory, street, office bldg., etc.	, 20f (City or tow	n) (C	County) (Sto
	21. I certify that (I) (this haspital) attends saw the deceased alive an 220 SIGNATURE	2 A1	Feb. 15		o. 22 , 19 6 auses and an the	51, that (I) (we) lose date stated above
	Blylmy & hull	eic 5 MILLER	M.D ATTENDING ME DI	RECTOR D STA	Mit Rae.	SIGN
	23a BURIAL, CREMATION, 23b DATE THEREOF REMOVAL (Specify) Burial Feb 25, 1961	Fort Line	or Carmatory oln Cemetery	23d LOCATION (C	ty, fown or county)	(Stole)
	24, FUNERAL DIRECTOR'S SIGNATURE F. Gasch's Sons Hyatts	ADDRESS ville, Maryla	25a. REC	BY REGISTRAR 2 7 61	256 REGISTRAR'S SIG	

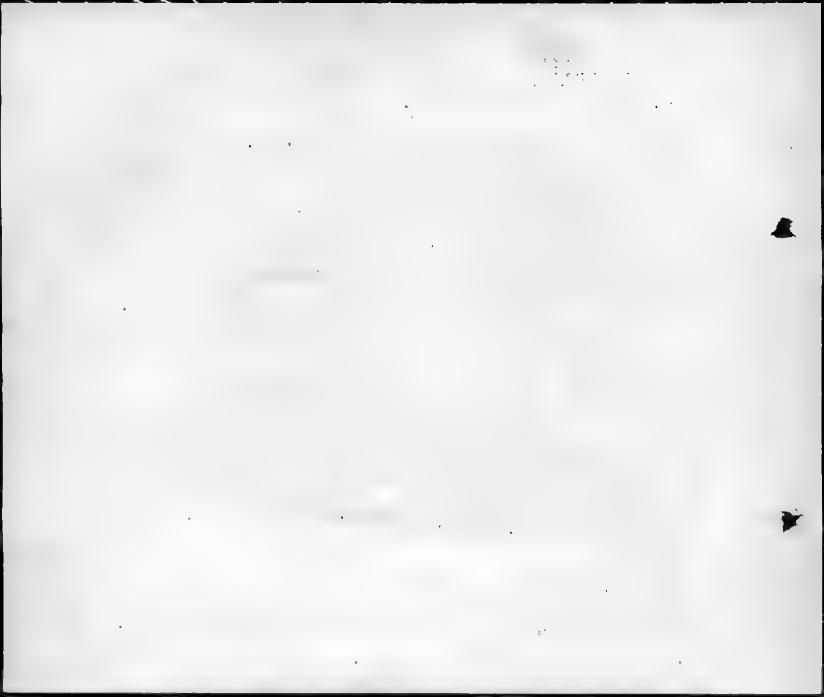
may be retained by the "part of an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers, Pages 1 and 2 shauld be filled with the State Board at Health prior to burial, cremation, ar remayal, and in any event, within 72 hours, filter death.

PHYSICIAN: The law requires that the death certificate be exe

used within 24 hours after death. Page 4

TO HOSPITAL OR ATTENDY VR A1S (4) 1SM 9/59

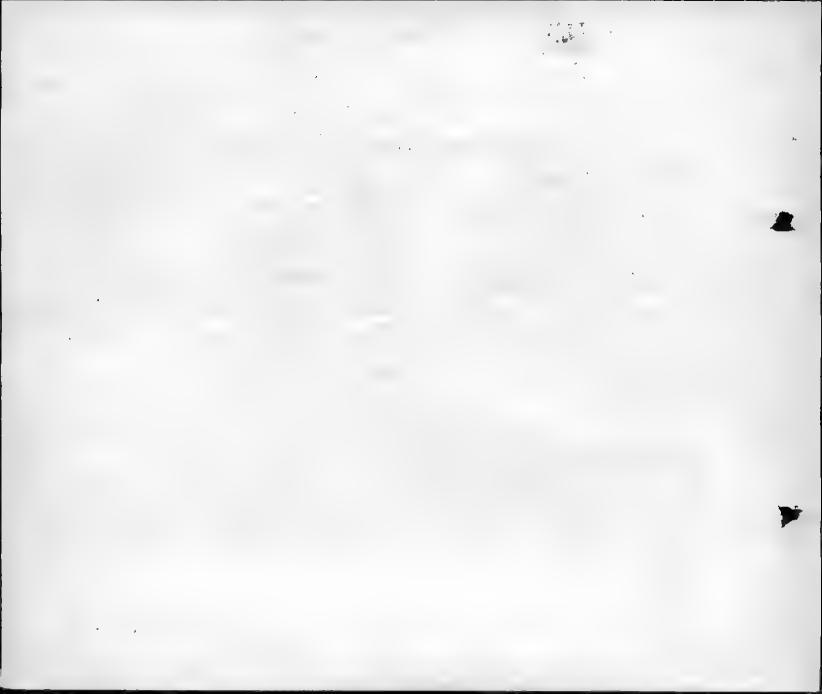


VS A15 (4) 15M 9/58

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
	,	CENTIFICATE	OF	DEATH	

M

		CERTIFICATE OF DEATH Reg. Dist. No. 229.7
)	1, [PLACE DE DEATH a. COUNTY NOCE GEOVEES MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) b. COUNTY Prince GEOVEES MARYLAND
		b CITY OR TOWN (If outside corporate limits, write RURAL and give neglest town) RURAL and give nearest lawn) 102 mo. RVEENBELT 7
*		d. MAME OF HOSPITAL (If not in hospital, give street address) ON INSTITUTION BYXNCH NUV. SING HOME 62 B CVESCENT VES NO.
	1	NAME OF DECEASED (Type or print) MISTORIC (NOME) Whole OF DEATH FEBRUARY 18 1961
	5 S	emale white widowed Divorced Aus. 14, 1874 last pightay) Months Doys Hours Min
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY TI BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY? 13. J. H.
		William hampfin Antrown
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. INFORMANT, 18 yes, give war or dates of services none records of Paint Branch Nairs, Home
		18. CAUSE OF DEATH [Enter only one couse per ling for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
		Conditions, if any, which gove rise to immediate (b) tell buil as terroreterore;
	7	couse (o), storing the under. DUE TO Vers exalized all will fill that I Is yull - ;
	CERTIFICATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
		20a ACC DENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
	MEDICAL	20c. TIME OF INJURY Month, Doy Year 20d. INJURY OCCURRED While Not while at work of wo
		21. I certify that I attended the deceased fram
		ACTUAL SIGNATURE - HULLS NO COLLE 12 M.D. Y-E PARKNAK, GREEN BELT, MY 2-02
	-	PHYSICIAN'S HANS WODAK 14.D. STEPARKWAY, OREFUBELT, MG
		Burial Cremation, 22b. Date thereof 22c Name of cemetery or crematory 22d. Location (City, Iown, or county) (State) Removal (Specify) 2-21-61 Fort Lincoln Bladensburg, Md.
	_	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Lee Funeral Home - Washington, D.C. EARB 21'61 Continue of these



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e IS RESIDENCE

Hours

INTERVAL BETWEEN ONSET FIND DEATH

WAS ALTOPSY PERFORMED? YES NO F

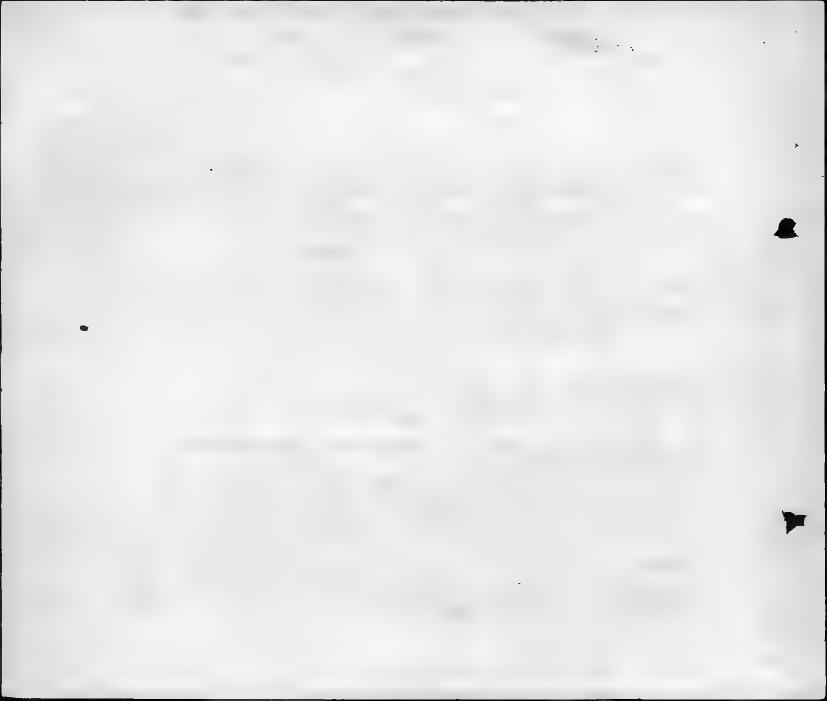
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DATE SIGNED

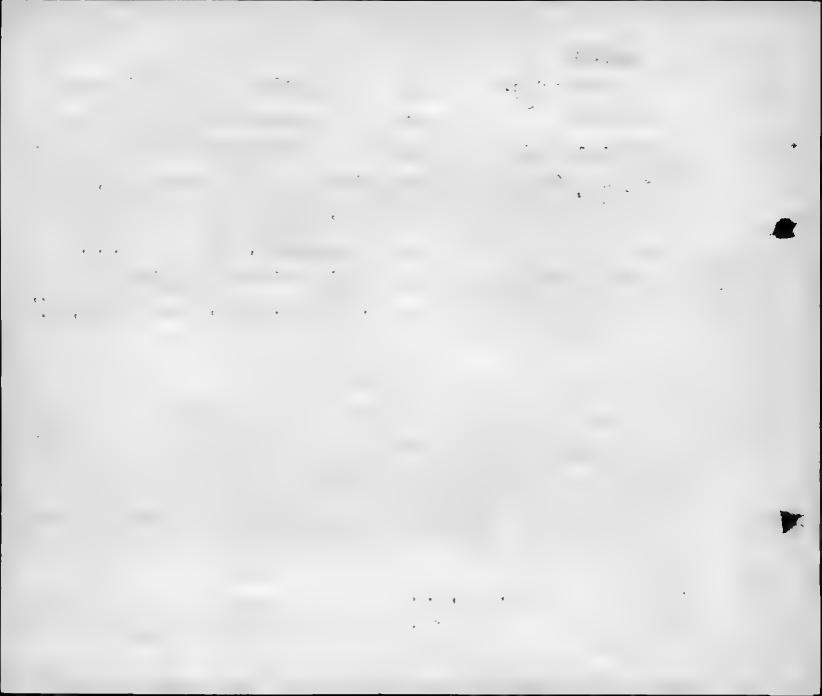
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YES INO



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH RESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DESTA 2. USUAL RESIDENCE (Where daceased fived, if Institution, Residence before admission) leath. If ony delay is necessary, and 3 to the funerel director. Page as be retained for your files. with the State Board of Health, e. COUNTY n. STATE b. COUNTY Prince Georges Prince Georges County
b. CITY OR TOWN (if outs de corporele lim is, MARYLAND Maryland e. LENGTH OF STAY IN IN c. C.TY OR TOWN (f outside corporele limits, write RURAL and give neerest lown) write RURAL and give nearest town) College Park
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) STREET ADDRESS IS RES DENCE ON A FARM? YES NO 4902 Quebec Street Quebec death. 3. NAME OF M dd e DATE E A S P P OF (Type or print) DEATH GIORTA BURNADIME WI HARDING February 61 wiih 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 5. SEX AGE (in years IF UNDER I YEAR 8. DATE OF BIRTH IF UNDER 24 HRS aay 2 will PM3. Page 5 may peges 1 and 2 with within 72 hours a Inst birthdey) | Months Pu Female WIDOWED DIVORCED 30 May 10e. USUAL OCCUPATION (G valkind of work 105. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) urid be executed within 24 hour in pencil in Item 18, Give Pages Housewife U.S.A. Home Branchville, Maryland Office along with form PM3. burial-transit permit File pege Paul Filward Dement Viola Elizabeth DeVilbliss event 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 4902 Quebec St., (Yes, no, or unkown) (Ifvespivewerordatasofsarvice) No Mr. Kenneth None College Park, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] ONSET AND DEATH PART I, DEATH WAS CAUSED BY. and IMMEDIATE CAUSE (a) removal, **DUE TO** "pending" gove rise to immediate cause N O **DUE TO** (a), steting the underlying Medical Examiner 10 ò used ion, o cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19. WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be it is designated agent, prior to burial, ore and NO F 20e. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Entar nature of injury in Part I or Part II of item 18.) PRIMARY SI OF CONTRIBUTING CAUSE OF DEATH. MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Day, Year 20f, (City or town) (County) (Stete) Hour and While Not While et work af work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . death resulted from Suicide 🔳 Undetermined manner Natural causes Accident Homicide CHIEF MEDICAL EXAMINER 🗂 ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER X EXAMINER'S BOYD, M.D. JAMES NAME (Type) February Address (Street, city, town, or county) 226. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ö 40 0 REC'D BY REGISTRAR | 245. VS. BISME arthur S. Thous 5M 7/59



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CERTIFICATE OF DEATH

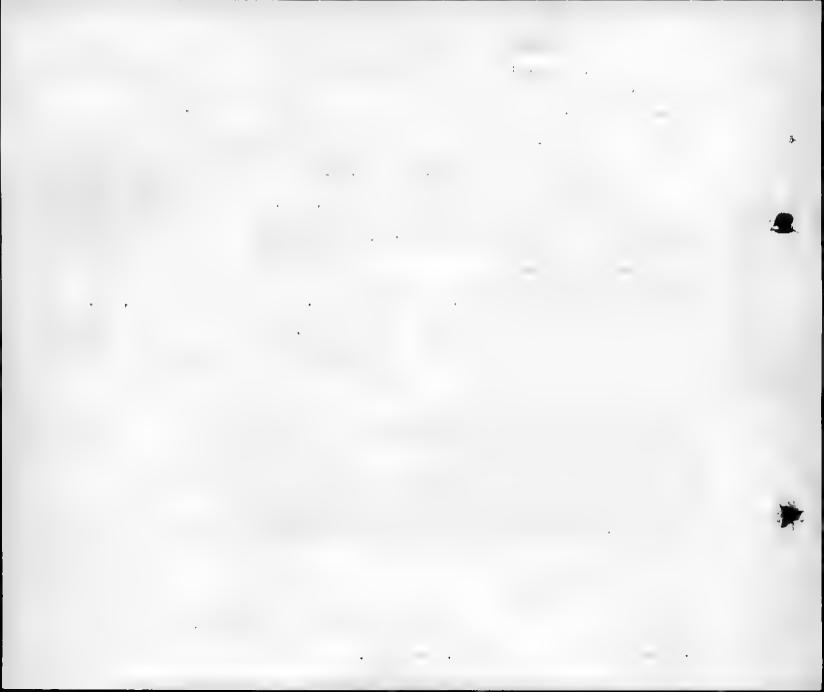
Reg. Dist. No.2942

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1	PLACE OF DEATH	inaa Car	masla		C STATE	RESIDENCE (WI	nere deceased	lived. If institut			
L	FP.	ince Geo		MARYLAN	ID .	Marylar			* * 7111		eorge'
	 b. CITY OR TOWN (RURAL and give n 		ote limits, write	c. LENGTH OF STAY IN	1	_		ate limits, write I	RURAL and give	nearest (own)
L	College		^{vi} d	8 years		College	Park	, Md.			
	d. NAME OF HOSPI OR INSTITUTION			address}		ET ADDRESS				e. IS	RESIDENCE
L	5009 Ch	eyenne i	Place			009 Che		Place		YES	□ NOX
3.	NAME OF DECEASED	H a sale	First	Middle	West to the	Lost	4. DATE OF	Ma		Day	Year
L	(Type or print)	Herb		Lawrence	Wilk		DEATH	Fe		8,	19 61.
5	SEX THE SEX	6. COLOR OR		HED 🔀 NEVER MARRIED	70			AGE (In years last birthday)	Months Do		1
-	Male	white	WIDOW			3, 1893		67 yrs.			
ľ	during most of war	ON (Give kind of king life, even if	retired) [KIND OF BUSINESS OR II				intry)			AT COUNTRY?
11	Chemist		Dept	of Agricul		Missour			U	S A	
18	B. FATHER'S NAME	t M Wil	kine			er's maiden i ry Mc N					
1	WAS DECEASED EVI			SOCIAL SECURITY NO	INFORMANT	J	J	A -1-	resa		
	Yes, no, or unknown)	CR IN U. S. ARME (If yes, give wor or d U.F. M.F. %			-	W411-4-	· C.	ollege		Md.	
-	yes	WWI		none	Inene D	Wilkir	113 0	orrege			
	1	ATH Enter only ATH WAS CAUSE		ne for (a), (b), and (c).]	m.m.	17	10 0	, , \			BETWEEN ND DEATH
	LIA	IMMEDIATE CA	.USE (0)	acute 1	Hyoro	adec	Voc.	yard	-	2	Lea.
	* 20	me and a second	DUE TO	1.	, /	- /	/ /	· / .			
	Conditions, if c	immediate	(b) ller	Centrale	Lake		eart	dura	ere		
	cause (a), stating		OUE TO								
7	lying couse last.	HER CICHIEICAN	(c)	CONTRIBUTING TO DEATH	DUT NOT DELATE	D TO THE TERM	INIAL DICEACE	COMPLETION CL	VENT INT BART 1:	_\la_\w	AS AUTOPSY
FICATION	PARI II. OI	A -	1 CONDITIONS	Ana DU I	BUILING! KEDATE	D TO THE TERM	INAL DISEASE	CONDITION G	AEM IN LAKE IT	PE	RFORMED?
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CEOT	OR CONTRIBUTING	G 🗀 CAUSE OF D)EATH	CRIBE HOTE HEJORI OCC	WED TELLER FOR	ite of milary in	run i oi i oii	ii di nen id j			
				NJURY OCCURRED 200	. PLACE OF INJU	PV (Home form	20f (City)	or forwal	{Cou	elui	(State)
MEDICAL	Hour a.m.	KI Molilli, Od	While	Not while	factory, street,	office bldg., etc	.)	or town,	(000	*****	(mittee)
3			01 401	#2 7	1	/ 1					
	21 certify t	hot I attende	d the deceas			a.L. 10.8			thot I last		
	alive on	5-41	/=, 12 _{.6}	, , ond that de	oth occurred						ted obove. DATE SIGNED
	ACTUAL 7	1 /1 .	-1-7/	mi	7	Ci	ADDKESS (SIE	eel, city or town.	store)	_ '	C D
	SIGNATURE	XULTE	1 /w	u iga	M.D		012	-47-TA	AVE		7/20
	PHYSICIAN'S NAME (Type)	Y. DA	VID	KERR	MD.	Co	1/09	De Pi	ARK M	14.	1761
2.	PEMOVAL (Specify		_	22c NAME OF CEMETE				ON (City, Iown,			State)
L	Burial	1 ED TO	, 1961	Arlington	mationa		Arlin		Virgin:		
11	3. FUNERAL DIRECTOR Gasch s		Hvatten	ille, Maryl	and	24a REC'	D BY REGISTR		ISTRAR'S SIGN		
1	1 denotit 0	~ ~UII3	TAGGG	rrre, mary	and.	DATE					

d within 24 hours ofter death Page 4 TO HOSPITAL OR ATTENDIA PHYSICIAN: The law requires that the depth certificate be exercised within 24 haurs ofter death. Page 4, may be retained by the hear all an attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-tramit permit. Then please remove coroon pages, Pages 1 and 2 should be filled with the registrar prior to buriol, cremation, at removal, and in any event within 72 hours offer death. Then please remove carbon papers.

VS A15 (4) 1SM 9/S8



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH uneral hould 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whare decreased lived, if institution; Residence before edmission) a. COUNTY a STATE b. COUNTY Prince Georges MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN Iff outside corporate limits, write RURAL and give neerest tow E. LENGTH OF STAY IN 16 by and def write RURAL and give nearest lown) months & Washington Glenn Dale (rural d NAME OF HOSPITAL OR INSTITUTION, If not in hospital civa steel address B. IS RESIDENCE d. STREET ADDRESS ON A FARM? Glenn Dale Hospital 1701 Swann St. YES NO 🜄 completely papers. 3. NAME OF 4. DATÉ Middle DECEASED OF (Type or print) DEATH John Wesley Williams within carbon 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED B. DATE OF B.RTH AGE (In years | IF UNDER 1 YEAR pue last birthday) Months Male WIDOWED TO Negro DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY done during most of working I fe, even if retired) M.T. Broyhill Co. 12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE County & Stelle, or foreign country) USA Arlington, Va. Truck driver North Carolina 13. FATHER'S NAME affending Wesley Williams Pauline Smith Ple. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive were rdates of service) 238-20-0053 Decedent 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Massive hemoptysis minutes IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which geve rise to immediate cause DUE TO (e), stating the underlying 18 lest. (c. Pulmonary tuberculosis, far advanced, active 16 months.
PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6.) 19. WAS AUTOPSY CERTIFICATION PERFORMED? certifical NO T 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of Item 18.) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at work at work 21. | certify that (I) (this hospital) attended the deceased from. . 5/.9. 19. 61, and that death occured at P.....M, from the causes and on the date stated above. saw the deceased alive 220 S.GNATURE ATTENDING SIGNED PHYS. DIRECTOR PHYS. O HOSPITAL death. Page 4 1 22d. ADDRESS 22c. PHYSICIAN S Glenn Dale Hospital Moe Weiss, M. D. NAME (Type) Glenn Dale, Md. BURIAL, CREMATION. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of county) (Stete) 23b. DATE REMOVAL (Specify) 25m. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE UNERAL DIRECTOR'S SIGNATURE **ADDRESS** VR A15 (4) 15M 9/60 Chillen & How



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ed within 24 hours ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH 2322 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEALTH.

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1		Cheve	rly	2	wks	X		DURY_				
,	0	OR INSTITUTION	AL (If not in haspital, gi		0	1 0 00	EET ADDRESS	1/3			e IS RES	FARM?
		Prince	- George's	Gene	CAL Hos	H- K		BOX	491		YES Z	NO 🗌
		NAME OF DECEASED	V Firs		Middle		last	4. DATE OF	Mon	th	Day	Yeor
		Type or print)	-hArl	25	<u></u>	UINDS	OR	DEATH	FOB			196/
	S. S	EX	6 COLOR OR RACE	7. MARRIED X 1	NEVER MARRIED 🔲	B DATE OF	BIRTH	9	AGE (in years lost birthday)	Months Do		Min.
		14	W	WIDOWED 🔲	DIVORCED	9-	-7-9	0	70 yrs	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	110013	141111,
	10a	USUAL OCCUPAT C	N (Give kind of work ding life, even if retired)	one 10b. KIND Of	BUSINESS OR INC	USTRY 11. BIG	RTHPLACE (Slot	e or foreign cou	ntry)	12 CITIZEN	OF WHAT C	OUNTRY?
	F	arm Labo		Tene	ent	1	Maryla	nd		U.	S. A.	
	13. 1	FATHER'S NAME				14. MOTE	HER'S MAIDEN	NAME				
\mathcal{A}	J	ohn Wind	sor			1	ary E	11en -				
			R IN U. S. ARMED FORC		SECURITY NO 17	INFORMANT			Add	ess 4: 7	Box 4	101
		Unk.		214-1	2-74744	A Mrs.	Tren	e Rewl	inga_T.	ndowe		
		18. CAUSE OF DEA	TH [Enter only one cou	ise per line for (o)	, (b), and (c).]					i i	NTERVAL BE	TWEEN
		PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	May	End Re					1	3 day	
			DUE TO	704	1	, *	•				-	
		Conditions, if o	ny, which) (b).	Mia	and Fa	dure					3 day	0
i		gave rise to it couse (a), stating	mmediate (1 1	0 1	112	/ /	2 65	4	- ' /	,
		lying couse lost.	(c)	Thou	K from	Grelon	Vasc	ulay Cl	condent		1400	de
	N Q	PART II. OTH	IER SIGNIFICANT COND	DITIONS CONTRIB	TING TO DEATH B	UT NOT RELAT	ED TO THE TERA	AINAL DISEASE	CONDITION GIV	EN IN PART I	o) 19. WAS	AUTOPSY RMED?
	CATION											NO Z
	RTIE	200 ACCIDENT WA	S UNDERLYING C	206 DESCRIBE HO	W INJURY OCCUR	RED (Enter not	ure of injury in	Port I or Port	l of item 1B.)			
		(IF EITHER, NOTIFY	MEDICAL EXAMINER)									
	MEDICAL	20c TIME OF INJUR	Y Month, Day, Yea		1	PLACE OF INJ	JRY (Home, for office bldg, ei	m, 20f (City o	r town)	(Cou	nty)	(Stote)
	MEE	p m	19	While No	i avillie I	, , , , , , , , , , , , , , , , , , , ,						
		21 certify tha	t (I) (this haspital)	attended the	deceased from	Lan	- 29.1	961. ta.	Feb. 11	1961	that (I) (we) last
		saw the deceas	-	at the second	.C.I. and that	//	_	7.5				
		220 SIGNATURE	'A ()									b DATE
		151	Morans			M.D. PHYS		MED DIRECTOR [STAFF PHYS Z	2/	12/61	SIGNED.
		22c. PHYSICIAN'S NAME (Type)	R. B. Sac	scer. M	I D	22d. A	ODRESS					
		7777112 (17)207	THE DE DE	. 001 4 10	. D .		Uppe:	r Marl	boro. 1	Id.		
	23a	BURIAL CREMATIO		F 23c N	AME OF CEMETERY	OR CREMATO		1	ON (City, town, o		(Stot	'e)
	B	REMOVAL (Specify)	2/15/61	st	Thoma	s Cem.		Croo	m		Nd.	
	24.	FUNERAL DIRECTOR	S SIGNATURE	AC	DRESS	Md	25a REC	D BY REGISTR		STRAR'S SIGNA	ATURE	
	R:	itchie B	ros. Fun!	1 Home-	Upper M	rlbof	O DATEM!	AR 1 3 '61	Chi	hur S. Ha	aud.	

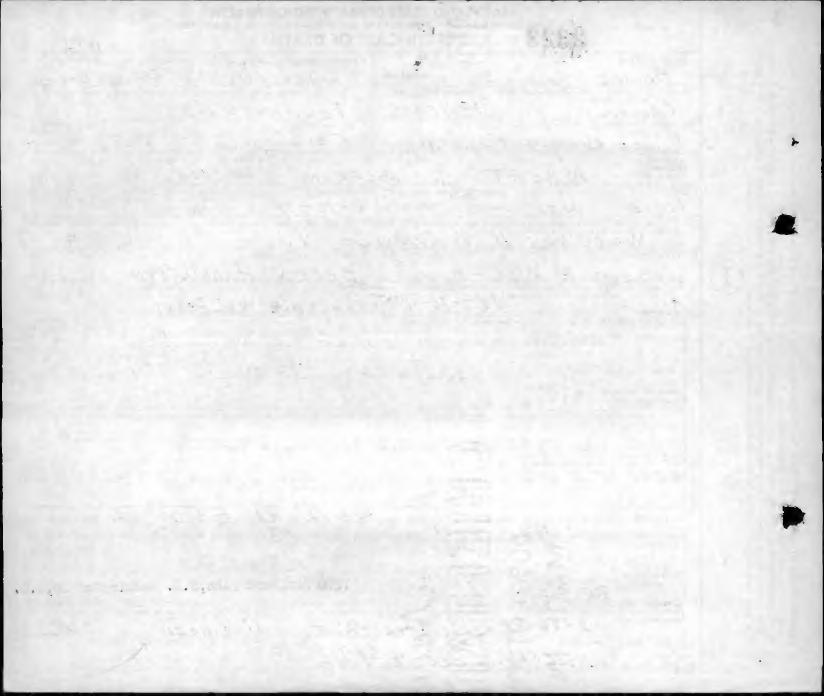
TO HOSPITAL OR ATTEND VR A15 (4) ISM 9/59



VR A15 (4) 15M 9/59

MA DIVISION OF	RYLAND STAT	E DEPARTMENT OF HEALTH CH AND RECORDS — BALTIMORE 1, MARYLAND CATE OF DEATH
18	CERTIFIC	CATE OF DEATH
		2. USUAL RESIDENCE (Where deceased lived. If instit

2328 CERTIFICATE OF DEATH 02304								
1	PLACE OF DEATH a. COUNTY PRINCE George S MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY PRINCE George MARYLAND ARYLAND ARYLAND DESCRIPTION B. COUNTY PRINCE George B. COUNTY PRINCE George							
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
*	d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
	Prince George's General 3312 Spring ST. S. E. YES NO F.							
3	NAME OF DECEASED (Type or print) ALBERT 1. WOLFROM DEATH FOR. 17 1961							
5	SEX 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Doys Hours Min.							
	MALE WHITE WIDOWED DIVORCED 8-10-11 49 yrs.							
1	On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY of Warfing life, even if retired)							
1	3. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
	ploseph A. WOLFROM ELLEN HARRINGTON							
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 12 INFORMANT Address Address							
L	Mel 198-10-31 MRSEUGENIA NOLFROM							
	18/ CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH							
	PART I. DEATH WAS CAUSED BY: I'M CLOSONE PA Un tra gentricular.							
	Conditions, if any, which gave rise to immediate couse (a), stating the under DUE TO DUE TO DUE TO							
	lying couse lost.) (c)							
100	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTO PERFORMELY YES NO. 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUT							
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Doy, Year 20c. TIME OF INJURY Manth, Doy, Year 4 Hour o. m. 4 Phour o. m. 5 Phone Mile Not while at work at work							
1000000								
	21. I certify that (1) (this haspital) attended the deceased fram FeB. 12 , 161, ta FB. 17 , 1961, that (1) (we) last							
	saw the deceased alive an EB. 1961, and that death accurred at OAM, from the causes and on the date stated above.							
	22a. SIGNATURE ATTENDING MED. STAFF SIGNET SIGNET ATTENDING MED. STAFF PHYS. PHYS. ATTENDING MED. STAFF PHYS. PHYS. ATTENDING MED. STAFF SIGNET SIG							
	22c. PHYSICIAN'S NAME (Type) DR. Sidney Lowey Lowey 1200 Marlboro Pike, S.E. Washington 28, D.C							
2	(Stole) 23d (BURIAL) CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, toyth, or caunty) (Stole)							
2	Lel FUNERAL Horne 300-4 St ME DATE 21 61 Gring S. Kraus							



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH 2324

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	L COUNTY PRINCE	GFO.	MARYLAND	2. USUAL RESIDENCE (WH		If institution: Residence	e befare admission)
k	D. CITY OR TOWN (If autside carp RURAL and give nearest town)		LENGTH OF STAY IN 16	717 2	rutside corporate limit	s, write RURAL and gi	ve nearest town)
	J. NAME OF HOSPITAL (If not in OR INSTITUTION 16/28	hospital, give street add	PD PD	d. STREET ADDRESS	R.665	ROAD	e. IS RESIDENCE ON A FARM? YES NO
3. [NAME OF DECEASED Type or print) CARC	First	Middle .	YOBST	4. DATE OF DEATH	FEB.	23 Year 1961
5. 5	FEMALE WH.	OR RACE 7. MARRIED	NEVER MARRIED DIVORCED	JUNE 26,	1889 9. AGE lost b		YEAR IF UNDER 24 HRS. Doys Hours Min.
	USUAL OCCUPATION (Give kinduring mast of working life, ever	n if retired)	AT Ifem	- 1 1	NGTON,	-	EN OF WHAT COUNTRY?
1.6	HENRY KERN CATHERINE YOGEL WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address B						
(Yas	No. or unknown] (II yes, give wor	or dates of service)	Newe !!	VIVIAN YOB.	57 101	28 K 1663	
	18. CAUSE OF DEATH [Enter of PART I. DEATH WAS CA!	41	perleusive	Heart De	slasl		INTERVAL BETWEEN ONSET AND DEATH
Z	Conditions, if any, which gave rise to immediate cause (a), stoting the under-lying cause last.	DUE TO (b) DUE TO (c) ANT CONDITIONS CON	pertession	IT NOT RELATED TO THE TERM	INAL DISEASE CONDI	ITION CIVEN IN PART	15 MS AUTOPSY
CATION	Carceno	ma 1 2	terus	THE RESIDENCE TO THE TERM	THE DISERSE CONTO	THO TO COLOR TO THE	PERFORMED? YES NO
L CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Parl II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)						
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Haur o. m. 19 While of work of ol work of ol work of						
	21. I certify that (I) (this hospital) attended the deceased fram 124 24 1960, to 725, 1961, that (I) (we) last saw the deceased alive an 1261, and that death accurred at 148, from the causes and an the date stated above. 226. DATE						
	22c. PHYSICIAN'S NAME (Type) THOM	AS J. KE	LLY, M.I	M.D. ATTENDING M. DI PHYS. DI 22d, ADDRESS 64800	ED STAFF	Takoma	Park, Ind
230	GURIAN CREMATION, 23b. DA REMOVAL (Specify)	TE THEREOF 2	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (C)	ly, town, or county)	(Stote)
24.	EUNERAL DIRECTOR'S SIGNATURE	ome 300	ADDRESS / M.E.	MOC. DATEFE		256. REGISTRAR'S SIG	

